

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355097</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                                                                                                                                                                                                                                                          |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/27/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SAMARITAN SOCIETY - LARIMORE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>501 E FRONT ST<br/>LARIMORE, ND 58251</b>                                                                                                                                                                                                                                                                |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                             |  | (X5)<br>COMPLETION<br>DATE                             |
| K 000                                                                        | INITIAL COMMENTS<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards.<br><br>The facility was located in a one-story building of Type V (000) construction that is protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A one-story Wellness Center addition was attached to the northeast end of the nursing home in 2014 of Type V (111) construction. The Wellness Center was surveyed under Chapter 18 New Health Care Occupancies. | K 000                                                                      |                                                                                                                                                                                                                                                                                                                                                      |  |                                                        |
| K 054<br>SS=F                                                                | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by:<br>Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1<br><br>The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code.                                                                                                                                                               | K 054                                                                      | The 20 smoke detectors that were within three feet of air return openings have been moved by a licensed electrician.<br><br>All smoke detectors in the building have the potential to be closer than 3 feet of an air return opening. Maintenance will look at all the smoke detectors to identify if any are too close to an air return opening and |  | 9/30/16                                                |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/05/2016

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD SAMARITAN SOCIETY - LARIMORE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>501 E FRONT ST<br/>LARIMORE, ND 58251</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                        |
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| K 054                                                                        | Continued From page 1<br>Observation determined that twenty (20) smoke detectors located throughout the facility were installed within three feet of air supply diffusers or return air openings.<br><br>Failure to install the smoke detection system as required increases the risk of death or injury due to fire.<br><br>This deficiency affected twenty (20) of numerous smoke detectors in the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | K 054                                                                      | any that are not in compliance will be moved.<br><br>In 6 months and in one year, the maintenance director will audit the building to ensure that there are no smoke detectors within 3 feet of an air return opening. Any smoke detectors that are too close to an air return opening will be moved. Results of the audits will be reviewed by the QA committee for review and recommendations.                                                                                                                                                                                                   | 9/28/16                    |                                                        |
| K 062<br>SS=F                                                                | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.<br>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 9.7. Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 2-1 of NFPA 25. NFPA 25 requires the facility to complete, maintain and make available to the authority | K 062                                                                      | The annual inspection of the automatic sprinkler system was completed on Sept. 28/16 by Dakota Fire.<br><br>The backflow preventer flow test was conducted on Sept. 28/16 by Dakota Fire.<br><br>To ensure that inspection tests on the sprinkler system will be conducted timely, the due dates will be entered into our computerized TELS system for tracking purposes. The maintenance director will contact the company that will be performing the quarterly and annual tests, one month in advance of each due date to ensure they will come timely.<br><br>Audits of completion time of the |                            |                                                        |

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| K 062                                                                        | <p>Continued From page 2</p> <p>having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. 19.3.5.1, 9.7.5, NFPA 25 2-1, 9-6.2</p> <p>1) Record review determined the automatic sprinkler system annual test was last conducted on 09/23/2015, exceeding one year from the date of this survey.</p> <p>2) Record review determined the annual backflow preventer flow test was last conducted on 09/23/2015, exceeding one year from the date of this survey.</p> <p>Failure to test and inspect the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire.</p> <p>The deficiency affected two (2) of numerous required tests of the automatic sprinkler system.</p> | K 062                                                                      | <p>quarterly and annual tests will be completed quarterly for one year to ensure the system is in place to have all inspections completed timely.</p> |                            |                                                        |