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

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DIVISION OF LIFE SAFETY AND CONSTRUCTION

PRINTED: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355094	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOHALL	602 E MAIN ST MOHALL, ND 58761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State Law require it. For the purposes of any substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with ND State Health Department.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Michelle Mallery | Interim Administrator | 2/23/15

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

mailed 2-25-15

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K 018	Continued From page 1 The facility failed to ensure corridor doors were equipped with automatic latching hardware suitable for keeping the door closed and resistant to the passage of smoke. Observation determined: 1) The east leaf of the 200 Wing Linen Storage Room corridor doors did not have automatic latching hardware. 2) The west leaf of the 300 Wing Linen Storage Room corridor doors did not have automatic latching hardware. 3) The south leaf of the 400 Wing Linen Storage Room corridor doors did not have automatic latching hardware. 4) The east leaf of the 500 Wing Linen Storage Room corridor doors did not have automatic latching hardware. 5) The east leaf of the 600 Wing Linen Storage Room corridor doors did not have automatic latching hardware. Failure to ensure corridor doors are provided with suitable means for keeping the door closed increases the risk for death or injury due to fire. This deficiency affected five (5) of numerous corridor doors in the facility.	K 018	1. The linen storage room corridor doors manual latching hardware for the doors on the 200, 300, 400, 500 and 600 wings were replaced with automatic latching hardware on 2/12/15. 2. All storage room doors that open to the corridor were checked for automatic latching hardware and found to be in compliance. 3. Maintenance will check the identified doors quarterly to assure the latching hardware remains in working order. 4. Audits will be conducted quarterly on the linen storage room doors in the 200, 300, 400, 500 and 600 wings to assure the latching hardware remains in working order with results reported to the QAPI committee for further evaluation or recommendation. 5. Completion Date: 3/26/15	3/26/15
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the generator room. Failure to ensure the emergency generator is in compliance with NFPA 110, Standard for Emergency and Standby Power Systems, increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all	K 144	1. Miller Electric was contacted on 2/10/15 to arrange for installation of a remote stop switch for the generator. 2. The emergency generator cited is the only emergency generator for the facility. 3. Maintenance Director will coordinate with Miller Electric to ensure installation of the remote stop switch on or before March 26, 2015. 4. Maintenance Director will provide oversight to the completion of the installation and assure the installed equipment remains in working order. 5. Completion date 3/26/15.	3/26/15

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K 144	Continued From page 3 emergency power to the facility.	K 144		