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 _____	03/01/2010

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 facility is located in a one-story building of Type V (000) construction built in 1977 with an addition in 1996. The building is equipped with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure two (2) of two (2) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) Low-voltage wiring and electrical conduit penetrations through the smoke barrier located adjacent to Resident Room 402 were not sealed	K 025	K025 1. Fire Caulking was replaced on the low-voltage wiring and electrical conduit located through the smoke barrier adjacent to room 402 and cable TV wiring adjacent to room 419. Date completed 3/5/10 2. All smoke barriers will be inspected for intact caulking at scheduled intervals. 3. Smoke barriers will be inspected after any maintenance or contract work to ensure fire caulking is in place. 4. The QA/CQI committee will prepare audits for quarterly inspections X 1 year. The facilities Environmental Service Supervisor will be responsible for compliance. 5.Date completed 3/30/10	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelly Ellig	Administrator	3-11-10

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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K 025	Continued From page 1 with fire caulking. 2) TV cable wire penetrating the smoke barrier adjacent to Resident Room 419 was not sealed with fire caulking.	K 025	K047 1. The exit signs located in the northwest corridor, Kitchen, and Dining Room will be replaced with continuous illuminating exit lights. 2. There are no other areas with the potential to be affected by this practice. 3. Exit lights will only be continuous illuminating in design. 4. Replacement when needed will be as stated above in #3. 5. Exit lights are on order as of 3/5/10 and will be shipped and replaced by date indicated.	3/31/10
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure the exits are marked by approved signage that is readily visible from any direction of exit access. The Life Safety Code requires that exit signs be illuminated with a minimum of two bulbs. Observation determined the exit signs in the northwest exit corridor, Kitchen, and Dining Room were one bulb exit signs.	K 047		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be	K 130		

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K 130	Continued From page 2 fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests of the battery-powered lighting adjacent to the generator in the Main Mechanical Room for July, August, September, and October 2009. 2) Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of 3rd quarter check and maintenance of the emergency generator electrical transfer switch or an annual major maintenance. The records indicated the last annual major maintenance of the transfer switch was in 2007.	K 130	K130 1. The Facility will conduct and document the required 30 second monthly tests of the battery-powered lighting adjacent to the generator. 2. There are no other areas with the potential to be affected by this practice. 4. The QA/CQI committee will conduct quarterly audits X 1 year to ensure compliance of the maintenance program related to battery-powered lighting. 5. Completion date 1. The Maintenance program will be followed regarding the inspection/testing of the connections, overheating, erosion, removal of dust, dirt and replacement of contacts when required of the Transfer Switch. 2. There are no other areas with the potential to be affected by this practice. 3. Contract Electrical company will be assigned annually to complete the required testing as noted in #1 of the Transfer Switch. 4. The Quality Assurance committee will ensure by annual audit of compliance. 5. Completion date	3/31/10 3/15/10 3/31/10
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 3 This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not being documented.	K 144	Maintenance and the Environmental Service Supervisor will be responsible for compliance. K144 1. The Facility will maintain weekly documentation of the 30 minute exercise of the generator. 2. There are no other areas with the potential to be affected by this practice. 3. The maintenance program is in place and will be followed weekly. 4. The QA/CQI committee will conduct audits quarterly X 1 year to ensure compliance with weekly documentation of this maintenance program. 5. Completion date	3/31/10