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	03/18/2014

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	K 029 1. The automatic door closer was adjusted so that the correct amount of force was there to allow the door to shut completely. 2. All remaining automatic doors were checked and found to be in working order. 3. Automatic doors will be checked monthly x 3 months, then quarterly indefinitely by the Maintenance Dept. 4. Auditing of the automatic doors will be reviewed at the monthly QA, Safety, and Infection Control meeting. 5. Date of correction was	3/18/14
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate two (2) of five (5) hazardous areas from other spaces with smoke resistive partitions and self-closing and latching doors. Observation determined: 1- The corridor door to the Central Supply Room did not self-close and latch into the door frame.	K 029	K 029 1. Approved fireproof caulking was applied to the open area surrounding the data cable, sealing the point of penetration. 2. Maintenance Dept will inspect various areas where cables penetrate the wall to ensure these areas include the fireproof caulking.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Robert Shahan	Administrator	4-1-14

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 029	Continued From page 1 2- There were open areas around data cables penetrating through the wall in the northeast Storeroom.	K 029	3. Correction has been implemented. No further measures to be taken at this time. 4. Maintenance will be informed of any future cable work prior to implementation, and will make sure the proper caulking is applied. 5. Date of correction was	3/18/14
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test records indicated the facility failed to conduct an annual fire alarm test during the past twelve months. The most current report of an annual fire alarm test was January 15, 2013.	K 052	K 052 1. Simplex Fire Inspection Services was in the facility on March 24, 2014 to check the systems. Please see included report showing passing status. 2. All staff and residents within the facility have the potential to be affected. 3. Environmental Services Manager will be contacting Simplex yearly to ensure their timely inspection. 4. The annual inspection time line will be reviewed at the QA, Safety, and Infection Control monthly meetings. 5. Date of correction	3/24/14
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Robert Rhode 4-1-14	K 069		

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K 069	Continued From page 2 Portable fire extinguishers shall be installed in kitchen cooking areas in accordance with NFPA 10, Standard for Portable Fire Extinguishers, and shall be specifically listed for such use. 10.10.1 Fire Extinguisher Size and Placement for Class K Fires. NFPA 10, 3.7 Fire extinguishers shall be provided for hazards where there is a potential for fires involving combustible cooking media (vegetable or animal oils and fats). NFPA 10, 3.7.1 The facility failed to provide a proper type fire extinguisher in the Kitchen cooking area. Observation determined there was not a K-type fire extinguisher located in the Kitchen.	K 069	K 069 1. Dakota Fire Extinguisher was in the facility on 3/11/14 for the annual fire extinguisher inspection. While here, they found an issue with the 'K' extinguisher located in the kitchen. They took this extinguisher for maintenance, but did not leave a replacement. Dakota Fire Extinguisher was called on 3/18/14 and asked for a replacement of the 'K' extinguisher. A 'K' extinguisher was brought to the facility on 3/24/14. 2. All residents and staff within the facility have the potential to be affected. 3. Dakota Fire Extinguisher was educated on the need for an immediate replacement of any extinguisher in need of repair. 4. Maintenance Dept will accompany Dakota Fire Extinguisher personnel upon inspections, ensuring that all required extinguishers are in place or have a replacement upon inspection completion. 5. Date in compliance	3/24/14

Robert Sheehan 4-1-14