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 _____	**03/05/2019**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). 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 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 353		3/6/19

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

Electronically Signed | 03/22/2019

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 353	Continued From page 1 Fire department connections shall be inspected quarterly to verify the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition. (5) Identification signs are in place. (6) The check valve is not leaking. (7) The automatic drain valve is in place and operating properly. (8) The fire department connection clapper(s) is in place and operating properly. NFPA 25, 13.7.1. 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. Observation determined the fire department connection located in a fenced court yard on the south side of the northwest wing of the building was not accessible due to snow drifts and a closed gate that was blocked with snow. Failure to provide access to the fire department connection for the automatic sprinkler system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) fire department connection of the automatic sprinkler system. The automatic sprinkler system serves the entire facility.	K 353	K353 Sprinkler system Maintenance and testing. Plan of correction is to clear snow drifts away from the facility and open gates during winter months for direct access to the areas. Completed 3/6/19 1. How the facility will identify other portions of the facility having the potential to be affected? The Environmental Director will insure that during the winter months where there is snow accumulation, the snow will be removed. 2. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Periodic checks of the area will be examined during the winter months. 3.How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and will not reoccur? 4.0The Environmental Director will be responsible for determining if sufficient snow has accumulated to warrant a removal. Once it is determined, a notification will be sent to the administrator via email. The administrator will keep an email log of such contacts and will be responsible if the environmental director is unable to do a visual inspection. 5. Dates when the corrective action will	

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K 353	Continued From page 2	K 353	be completed. 3/6/19	
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in areas other than kitchens where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(A)(7) The facility failed to provide electrical wiring and equipment in accordance with NFPA 70, National Electrical Code. Observation determined: 1) Two (2) electrical receptacles in the Unit Manager Office within 6 ft. of a sink were not ground-fault circuit-interrupter protected.	K 511	K511 Utilities Gas and electric. Plan of correction is to change all identified outlets to hospital grade GFCI outlets. Completed 3/7/19 1. Plan of correction is to conduct an investigation of the facility outlets in order to determine whether any more no GFCI outlets exist. The Environmental Director has replaced all deficient outlets with GFCI and will continue to monitor the situation when necessary Completed 3/6/19 1. How the facility will identify other portions of the facility having the potential to be affected? The Environmental Director will ensure that any new outlet installations will be GFCI.	3/22/19

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K 511	Continued From page 3 2) One (1) electrical receptacle in the Central Soiled Utility Room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the Northeast Soiled Utility Room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. 4) One (1) electrical receptacle in the Northwest Soiled Utility Room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. 5) One (1) electrical receptacle in the Laundry Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 6) One (1) electrical receptacle in the Laundry Mop Room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected seven (7) of numerous receptacles in the facility.	K 511	2.What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The Environmental Director will continue to monitor the facility infrastructure to ensure that all necessary outlets are up to code. 3. How will the facility monitor its corrective actions to ensure the deficient practice is being corrected and will not reoccur? 4.0The Environmental Director will be responsible for determining whether new outlets require a GFCI. If it has been determined and outlet must be either replaced are a new installed, the Environmental Director will oversee the process and let the Administrator know. Dates when the corrective action will be completed. 3/6/19	