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 _____	**03/01/2016**

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 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Public Rest Room in the 300 Wing. 2) The corridor door to the Linen Room in the 500 Wing. 3) The corridor door to the Linen Room in the 600 Wing. 4) The corridor door to the Oxygen Storage	K 038	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 in 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. 1) The Public Rest Room Door in the 300 Wing, Linen Room in the 500 Wing and Linen Room in the 600 Wing automatic door closers were removed 3/4/16 to	3/11/16

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

Electronically Signed | 03/11/2016

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K 038	Continued From page 1 Room in the 500 Wing. This deficiency affected four (4) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	allow the doors to open unobstructed into the corridor. The Oxygen Storage Room in 500 Wing 90 degree automatic door closer replaced 3/9/16 with 180 degree automatic door closer to allow door to open fully and close automatically. 2) All doors that open outward into the exit corridor were checked 3/4/16 for less than 7 inches of clearance from the wall when fully opened and found to be in compliance. 3) Maintenance director educated 3/10/16 to the regulations of doors having less than 7 inches of clearance in a corridor. Maintenance will monitor doors to assure continued compliance having less than 7 inches of clearance from the wall when fully opened in the exit corridors. 4) Reported to the QAPI committee 3/11/16 for further evaluation or recommendations. 5) Completion Date 3/11/16.	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and	K 050		3/11/16

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K 050	Continued From page 2 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Day Shift fire drill during the second quarter, and a Night Shift fire drill during the first quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 050	1) Fired Drill conducted 3/4/16 to put the fire drill records into compliance. 2) Other Fire Drill Records have been reviewed 3/4/16 and found to be in compliance. 3) Maintenance Director educated 3/10/16 to the regulations and Good Samaritan Society Policy for Fire Drills. Maintenance will conduct a drill for each shift in each quarter per ND State and Federal Regulations and Good Samaritan Society Fire Drill Policy. A schedule has been established to ensure fire drill will be timely and over seen by the facility administrator. 4) Fire Drill Audits will be conducted quarterly for one year to ensure compliance and results will be reported to the QAPI committee for further evaluation or recommendation. 5)Completion Date:3/11/16	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I	K 056		3/11/16

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K 056	Continued From page 3 and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. The minimum distance permitted between sprinklers shall comply with the value indicated in the section for each type or style of sprinkler. NFPA 13 5-5.3.4 The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined two (2) sprinklers in the Central Supply Room in the 300 Wing were closer than the minimum of six feet apart. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056	1) Plexi-glass separator was installed 3/1/16 between the two sprinkler heads in the Central Supply Room in the 300 Wing to ensure compliance. 2) All sprinkler heads in the facility checked 3/4/16 for a minimum of six feet apart and were found to be in compliance. 3) Maintenance Director educated 3/10/16 to the minimum of six feet between sprinklers. Maintenance will monitor the identified and all facility sprinkler heads to ensure the plexi-glass separator installed and distance between sprinklers continues to be in compliance. 4) Reported to the QAPI committee 3/11/16 for further evaluation or recommendation. 5) Competition Date:3/11/16.	