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

PRINTED: 07/26/2010
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
	355099	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOTT	401 MILLIONAIRE AVE MOTT, ND 58646

(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). This facility is located in a one-story building of Type V (000) construction. The building is protected with one wet and one dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the 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 it is required by the provisions of Federal and State law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure complete two-hour fire rated separations between the nursing facility and the Garage Addition. Observation determined the 90-minute fire rated door (adjacent to the North Exit Vestibule) located in the two-hour separation between the nursing facility and the Garage Addition was damaged beyond repair.	K 011	1) The corrective action that will be accomplished is that the 90-minute fire rated door (adjacent to the North Exit Vestibule) between the nursing facility and the garage addition will be replaced. 2) Other doors in similar areas have been inspected by the Maintenance Director. All were found to meet the required standard. 3) The measures put into place to ensure the practice will not recur is that the Maintenance Director or designee will report the progress of this standard to the Quality Assurance team at the monthly QA meeting until the standard is met on or before 8-27-10. 4) The facility will monitor its corrective action by having the Maintenance Director or designee report to the Quality Assurance team's September 2010 meeting showing that this standard has been met.	8/27/10
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to	K 051		

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

Administrator 8-2-2010

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 051	Continued From page 1 NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: The fire alarm system must be connected to automatically transmit an alarm to summon the local fire department. 9.6.4 The facility failed to provide an automatic transmitting fire alarm system that will summon the local fire department. Interview with staff determined the fire alarm system did not transmit the alarm automatically to a central station location.	K 051	1) The corrective action that will be accomplished is that the fire alarm system will be connected to automatically transmit an alarm to summon the local fire department. A fire alarm system monitoring agreement has been proposed by Simplex-Grinnell, manufacturer of the facility's fire alarm system, and has been accepted by the facility. A digital alarm communicating transmitter will be installed by Simplex-Grinnell on or before 8-27-10. 2) This is the only fire alarm panel system used in this facility therefore there are no other potential areas affected. 3) The measures put into place to ensure the practice will not recur is that the Maintenance Director or designee will report the progress of this standard to the Quality Assurance team at the monthly QA meeting until the standard is met on or before 8-27-10. 4) The facility will monitor its corrective action by having the Maintenance Director or designee report to the Quality Assurance team's September 2010 meeting showing that the standard has been met.	8/27/10
K 130 SS=F	NFPA 101 MISCELLANEOUS	K 130		

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K 130	Continued From page 2 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) Gas meters, regulators and piping must be protected against physical damage in an approved manner when exposed to equipment traffic. The barriers must be designed to the largest piece of equipment that would be typically parked or used in the immediate area. NFPA 54, National Fuel Gas Code. The facility failed to adequately protect this equipment as required by NFPA 54.Observation showed the gas regulator and gas piping located outside the Boiler Room and near the emergency generator was not protected from vehicular/equipment damage. 2) The emergency generator must be inspected weekly. Maintenance free batteries are not permitted. NFPA 110, 3-5.4.5 Staff interview with the maintenance supervisor determined the weekly inspections did not include the battery fluid levels. 3) The hazard of contents shall be the relative danger of the start and spread of fire, the danger of smoke or gases generated, and the danger of explosion or other occurance endangering the lives and safety of the occupants of the building or structure. NFPA 101, 6.2.1.1 The facility failed to protect the occupants by storing combustible items near fuel fired appliances located in the Boiler Room and the	K 130	1)The corrective actions that will be accomplished is that: 1. A barrier will be appropriately constructed and placed to protect the gas regulator and gas piping outside the Boiler Room from vehicular/equipment damage. 2. "Battery fluid levels checked" has been added to the emergency generator weekly inspection list. 3. Combustible items near fuel fired appliances located in the Boiler and laundry dryer rooms have been removed. 2)Other portions of the facility have been identified by visual inspection by the Maintenance Director and the following is observed: 1. Gas meters, regulators and piping-there are no other gas meters, regulators or piping in areas used by vehicles/equipment. 2. This is the only emergency generator used at this facility therefore there are no other potential areas affected. 3. All areas where fuel fired appliances are located have been identified by the Maintenance Director and found to meet the standard required to protect the occupants of the building.	8/27/10

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K 130	Continued From page 3 dryers located in the Laundry Room. These items included several boxes of paper and plastic products.	K 130	3) The measures put into place to ensure the practice(s) will not recur is that the Maintenance Director or designee will report the progress to the Quality Assurance team that: 1. The barrier to protect the gas regulator and piping has been completed on or before 8/27/10. 2. The battery fluid levels are inspected weekly. 3. All areas where fuel fired appliances are located are monitored for combustible items with remedies documented. 4) The facility will monitor its corrective action by having the Maintenance Director or designee report monthly x 3 and quarterly x 1 year to the Quality Assurance team that each standard has been met.	