

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

PRINTED: 06/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOTT			STREET ADDRESS, CITY, STATE, ZIP CODE 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). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction. The building was 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			
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 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 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 Observation determined the battery back-up emergency light located in the Mechanical Room above the generator transfer switch failed to illuminate when tested. Failure to ensure emergency lighting is fully functional at all times increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) emergency battery lights serving the emergency	K 130	1. K130- The corrective action that has been accomplished is that on 3/31/2016 the battery in the battery back-up emergency light located in the mechanical room above the generator transfer switch was replaced with a new battery which tested fully functional. 2. The facility identified one other emergency light which was tested as fully functional on 3/23/16. However, a new battery was installed on 3/31/16 and tested to increase confidence in the unit. 3. The facility will continue inspecting these units monthly, as has been facility policy. The previous test to both back-up emergency lighting units occurred on 3/3/2016 with both units indicating that they were functioning properly.	3/31/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/31/2016

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 130	Continued From page 1 generator equipment.	K 130	4. The facility will monitor its corrective action by having the maintenance supervisor or designee report to the Quality Assurance/Performance Improvement team's April 2016 meeting that this finding has been corrected.		