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 _____	**05/16/2017**

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

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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. 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 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are	K 222		5/26/17

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

Electronically Signed | 05/26/2017

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K 222	Continued From page 1 being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This STANDARD is not met as evidenced by: Locks, if provided, shall not require the use of a	K 222	The paddle lock on the door of the caged	

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K 222	Continued From page 2 key, a tool, or special knowledge or effort for operation from the egress side. 7.2.1.5.3 The facility failed to ensure exit access was readily accessible at all times. Observation determined the door to the caged area in the South Storage Room was equipped with a key operated padlock that required the use of a key to open the door from inside the caged area. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from one (1) of numerous areas throughout the facility.	K 222	area has been removed and the door as well. We have searched and there is no other door like this or lock on a door like this. The door is not to be put back on the hinges of this caged area. This was done on May 22, 2017. The administrator will monitor this monthly.	
K 321 SS=D	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1	K 321		5/26/17

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K 321	Continued From page 3 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This STANDARD is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined the corridor door to the Soiled Utility Room in the 200 Wing failed to self-close and latch. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	An investigation was done and found that the self-closer needed oil. On May 16, 2017 that closer was oiled. All other closers have been checked and the appropriate amount of oil has been applied. These will be checked monthly as to not have this happen again. Our Operations Manager will monitor this on the monthly schedule.	

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K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to test the fire alarm system as required. On 05/16/2017, no records of system acceptance and testing of the new fire alarm system installed in December 2016 were available. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire.	K 345	The proper paperwork for proof of testing of the fire alarm system was made available on May 17, 2017. There is a copy in the administrator's office in the Survey readiness book. A new copy will be requested from the appropriate fire alarm company every time they test our system. The administrator will monitor this action at every six months.	5/26/17

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K 345	Continued From page 5 This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345		
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. 1) Sprinklers in high-temperature zones shall be of the high-temperature classification. NFPA 13	K 351	We have contacted the appropriate company to change out the sprinkler heads. The two sprinkler heads in the garage and north storage will be changed to high temperature rated sprinklers. The sprinkler in the walk-in-freezer will be changed to a medium temperature sprinkler. This will be on the schedule by June 30th, 2017. At the time of installation the operations Manager will monitor this.	6/30/17

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K 351	Continued From page 6 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) Observation determined one (1) sprinkler in the North Storage Room and one (1) sprinkler in the Garage installed within 7 ft. of unit heaters were not high-temperature-rated. NFPA 13 requires high-temperature-rated sprinklers within 7 ft. of unit heaters. 2) Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. NFPA 13 8.3.2, 8.3.2.5(10) Observation determined one (1) sprinkler in the walk-in freezer located in the Kitchen was of ordinary-temperature classification. The walk-in freezer was equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected three (3) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 712 SS=E	NFPA 101 Fire Drills Fire Drills 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	K 712		5/26/17

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K 712	Continued From page 7 persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 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. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at 10:00am, 11:00am, 1:00pm and 9:45am. 2) The last four (4) fire drills for the PM shift occurred at 4:15pm, 4:00pm, 5:00pm and 3:22pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Five (5) fire drills in the past year all occurred at times within 60 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	Fire drills will be set at more varied times than before. This will affect the whole building and all shifts. The Operations Manager will change his schedule of drills to reflect this with the final decision being left to the administrator. The administrator will check the times each month.	
K 754 SS=F	NFPA 101 Soiled Linen and Trash Containers Soiled Linen and Trash Containers	K 754		5/26/17

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K 754	Continued From page 8 Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This STANDARD is not met as evidenced by: Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. 19.7.5.7 The facility failed to ensure mobile soiled linen receptacles with capacities greater than 32 gallons were located in a room protected as a hazardous area when not attended. Observation and staff interview determined: 1) A 55 gallon mobile soiled linen receptacle was stored in the corridor alcove by the Soiled Utility Room in the 200 Wing. 2) A 55 gallon mobile soiled linen receptacle was stored in the corridor alcove by the Soiled Utility	K 754	The 32 gal. Soiled linen receptacles were put into place May 22, 2017. Laundry assistants will make sure that these are used for soiled laundry. The operations Manager will monitor this practice to ensure that the proper receptacle is being used daily.	

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K 754	Continued From page 9 Room in the 300 Wing. Failure to ensure mobile soiled linen receptacles with capacities greater than 32 gallons are located in a room protected as a hazardous area when not attended increases the risk of death or injury due to fire. The deficiency affected two (2) of two (2) smoke compartments in the facility.	K 754		