STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355095	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - OAKES	213 N 9TH ST , OAKES, North Dakota, 58474

(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
K0000	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 dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K0000		01/23/2026
K0131 SS = D	Multiple Occupancies CFR(s): NFPA 101 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required	K0131	Maintenance supervisor installed new door latch on the garage door on 1/15/26. Maintenance fixed the small holes in the door on 1/15/26. 2. All residents have the potential to be affected by this deficient practice. 3. Education provided to Maintenance Supervisor by administrator on the requirement of fire wall barrier on 1/15/26. 4. Administrator or designee will audit doors for proper latching and no holes in the doors monthly X 3, then quarterly X 1. The results of these audits will be reviewed and reported to the QAPI committee. 5. This deficiency was corrected on 1/25/26.	01/25/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355095	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 01/12/2026

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K0131 SS = D	Continued from page 1 to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is NOT MET as evidenced by: The facility failed to maintain the common wall fire barrier with the non-health care occupancy. Observation determined the door in the 2-hr fire rated wall separating the Garage from the Nursing Home did not latch into the door frame. The 90-minute fire rated door also had several small holes in the door. Failure to maintain the common wall fire barrier as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) occupancy separation barrier in the facility. Ref: 2012 NFPA 101 Section 19.1.3.3, 6.1.14.4.1, 8.3.3.1, 2010 NFPA 80 Section 6.1.4.3.1	K0131		
K0321 SS = D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 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 or 19.3.5.9. 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, 19.3.5.9 Area Automatic Sprinkler Separation N/A	K0321	Maintenance Supervisor installed self-closure latch hardware on the kitchen supply pantry door on 1/23/26. 2. All residents have the potential to be affected by this deficient practice. 3. Education provided to Maintenance Supervisor by administrator on the requirement of self closure door latch on 1/23/26. Kitchen supply pantry door added to Tels for monthly inspection. 4. Administrator or designee will audit kitchen pantry door for proper latching monthly X 3, then quarterly X 1. The results of these audits to the QAPI committee meeting. 5. This deficiency was corrected on 1/23/26.	01/23/2026

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	355095	A. BUILDING 01 - MAIN BUILDING 0... B. WING	01/12/2026

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K0321 SS = D	Continued from page 2 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, self-closing and latching doors. Observation determined the door to the Kitchen Supply Pantry was not equipped with self-closing and latching hardware. The Kitchen Supply Room was located inside the Main Kitchen. The doors separating the Kitchen from the Dining Room were not equipped with self-closing hardware. 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.	K0321		

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K0353 SS = F Bldg. 01	Continued from page 3 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 STANDARD is NOT MET as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 5.1.1.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of documentation determined:During the annual inspection on 08/27/2025, by an outside company, the calibration or replacement of the sprinkler system gauges was last completed on 08/25/2020, exceeding 5 years.During the annual inspection on 08/27/2025, by an outside company, the internal piping inspection was last completed on 08/25/2020, exceeding 5 years.During the annual inspection on 08/27/2025, by an outside company, the fast response sprinkler heads were last replaced or tested on 08/01/2005, exceeding 20 years.	K0353	Continued from page 3 calibrate the sprinkler system gauges, inspect internal piping system, and test the response on the sprinkler heads. All residents have the potential to be affected by this deficient practice. Calibration of the sprinkler system gauges were added to Tels to inspect every 5 years, internal piping inspection added to Tels to complete every 5 years, and fast response of sprinkler heads to complete every 20 years. Administrator or designee will audit annual sprinkler system inspections yearly. The results of these audits will be reviewed annually at the QAPI committee meetings. This deficiency will be corrected by 2/27/26.	

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K0353 SS = F Bldg. 01	Continued from page 4 This deficiency affected the entire sprinkler system. The automatic sprinkler system serves the entire facility. Failure to inspect and test the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire.	K0353		

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E0000	Initial Comments A recertification survey conducted on 01/12/2026 found Good Samaritan Society - Oakes in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		01/21/2026

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