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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355095	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/04/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - OAKES	**213 N 9TH ST OAKES, ND 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
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 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility is located in a one-story building of Type V (000) construction that is protected by a dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing and latching door assemblies. Observation determined the door to the 600 Wing Soiled Utility Room did not self-close and latch into the door frame. The Maintenance Director made adjustments to the door to ensure it would	K 029	K 029 1. Adjustments were made to the door on 6-4-14. Self-closure and latch continues to have positive latching as of 6-23-14. 2. A facility walk thru and check of all required self-closure doors in the facility will be audited by the QA Coordinator or designee. 3. Staff Education to report QA Coordinator and put on the fix-it list when doors are not self-closing or latching. 4. An audit will be developed to conduct a walk thru of the self-closing doors in the facility. Audits will be done by the QA Coordinator or designee weekly for 1 month, monthly for 3 months, and quarterly thereafter by the QA committee. 5. The Corrective action will be complete by 6-4-14.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
David Carda	Administrator	7-2-14

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 029	Continued From page 1 self-close and latch prior to the exit conference. The deficiency affected one(1) of twelve(12) hazardous areas. Repeat deficiency.	K 029		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required by NFPA 72, National Fire Alarm Code. The deficiency affected two (2) of two (2) required load voltage tests of the batteries in the last year.	K 052	K 052 1. The fire alarm system batteries were tested on 07/01/2014 to meet the requirement. 2. We have only the west side fire alarm panel that will be affected by this deficiency. 3. Education will be given to the maintenance supervisor on the requirement of conducting the testing semiannually. 4. An audit of the alarm system battery testing will be completed by the QA Coordinator or designee twice a year. 5. The Corrective action will be complete by 7-19-14.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard	K 056	K 056 1. The automatic sprinkler system will be corrected on T wing	

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K 056	Continued From page 2 for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13. 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: 1) The T Wing Nursing Storage Room had three (3) sprinklers that were closer than the minimum of six feet apart. 2) The 500 Wing Nursing Storage Room had two (2) sprinklers that were closer than the minimum of six feet apart. The deficiency affected two (2) of numerous areas in the facility.	K 056	storage room by vender's schedule (August 15, 2014; see attachment). The 500 wing nurse's storage room will meet the NFPA 13 requirement by July 19, 2014. 2. Education will be given to the Maintenance Supervisor on proper distances between sprinkler heads. 3. Facility walk thru audit will be done by the Maintenance Supervisor or other designee to check other areas in the facility to ensure they meet the requirements. 4. Facility walk thru audit results will be given to the QA Coordinator or designee to show that we are in compliance by August 15th or when the new work is completed. 5. The Corrective action will be complete by August 15, 2014.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards	K 076	K 076 1. East side oxygen storage was divided and stored in two	

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K 076	Continued From page 3 for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. Observation determined: 1) A combustible stretcher, backboard, masks, tubing, and paper were stored closer than five (5) feet from the oxygen cylinders in the Oxygen Storage Room. 2) The Oxygen Storage Room contained twenty two (22) E size oxygen cylinders but did not have self closing and latching fire rated doors. This number of cylinders exceeds 300 cu. ft. and requires additional protection to the storage room. The deficiency affected one (1) of four (4) smoke compartments.	K 076	different areas. Six cylinders are now in the north storage area and ten are stored in the east closet by the nurses' station, which is an acceptable number of cylinders for a 300 cu. ft. area. 2. All three oxygen storage areas have the potential to be affected by this practice. 3. We will store no more than ten cylinders in the east Nurses' Station storage area so combustibles can be stored together and not require changes to the doors. The west Nurses' Station oxygen storage area is o.k. 4. An audit will be developed to ensure there are not too many cylinders in each storage area. Audits will be done by the QA Coordinator or designee weekly for 1 month, monthly for 3 months, and quarterly thereafter and reported to the QA committee. 5. The Corrective action will be complete by 7-19-14.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised	K 144	K 144 1. Generator inspection weekly in	

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K 144	Continued From page 4 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records identified the lack of documentation of weekly inspections from 10/10/13 through 10/22/13. The deficiency affected one (1) of fifty two (52) weekly inspections. Repeat deficiency.	K 144	accordance with NFPA with NFPA 99. 2. The whole facility can be affected by this deficiency, in case of power outage. 3. The maintenance supervisor will give a slip weekly, with inspection date and time noted, to the QA Coordinator or designee regarding when the generator was inspected that week. 4. An audit of the generator testing log will be photocopied by the Maintenance Supervisor and given to the QA Coordinator or designee weekly for 1 month, monthly for 3 months, quarterly for six months and as deemed necessary by the QA committee. 5. The Corrective action will be complete by 7-19-14.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Flexible cords and cables must not be used as a substitute for fixed wiring of a structure. NFPA 70, National Electrical Code, 400-8 The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements.	K 147	K 147 1. The power strips were removed 06/11/2014. 2. The whole facility has the potential to be affected by this deficiency of the use of power strips. 3. Facility audits will be conducted by other departments and reported to maintenance if any extension cords or power strips are being used.	

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K 147	Continued From page 5 Observation determined a power strip was used in place of permanent wiring in the west Linen Room to provide electricity to five (5) battery chargers. The deficiency affected one (1) of four (4) smoke compartments. Repeat deficiency.	K 147	4. An audit will be completed by the QA Coordinator or designee weekly for 1 month, monthly for 3 months, quarterly for six months and as deemed necessary by the QA committee thereafter. 5. The Corrective action will be complete by 07/19/2014.	