

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



PRINTED: 06/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355095	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/18/2012
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - OAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 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 non compliance 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 052 SS=D	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 ensure the fire alarm system is maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire drill/fire alarm test records indicated the facility failed to document the testing of the fire alarm system during months in which	K 052		

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

TITLE

(X6) DATE

David Carda

Administrator

6-27-12

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 052	Continued From page 1 silent night fire drills were conducted. This occured in the months of September 2011 and April 2012.	K 052	1. The Facility will do a live fire drill/ fire alarm test after a silent night drill is conducted with in the next working week day. 2. The entire facility has the potential to be affected by this same deficient practice. 3. Education will be conducted with the Safety Coordinator or designee of the proper documentation of the silent night drills and the need to conduct a live drill with in the next working week day. 4. An audit will be done by the QA Coordinator or designee of the fire drill requirements quarterly to insure compliance in this area. 5. The Plan of Correction will be complete by July 15, 2012.		