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 _____	**04/06/2016**

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 was located in a one-story building of Type V (000) construction that was 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=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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: 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 doors to hazardous areas in fully sprinklered existing health care occupancies self-close and latch into the door	K 029	1. Self-Closures will be installed on the following rooms: Kitchen storage, Room's 209,309,506,606 and 800 storing combustible materials and are over 50 square ft. in size. 2. This has the potential to affect any area that stores combustible materials. 3. Education was given to our new maintenance supervisor that any area used for storage of combustible material or is over 50 sq. ft. must have a self-closure and latch.	5/21/16

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

Electronically Signed | 04/14/2016

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K 029	Continued From page 1 frame. Observation determined the following rooms were used to store combustible materials and were over 50 square feet. The corridor doors to the rooms were not equipped with a self-closing device to allow the door to self-close and latch into the door frame. 1) The Kitchen Storage Room located in the Main Kitchen. 2) Resident Rooms 209, 309, 506, 606, and 800 were being used as Storage Rooms for combustible materials. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected six (6) of numerous hazardous areas in the facility.	K 029	4. An audit will be conducted to see if any other rooms used for storage may need a self-closure. This will be completed by the QA coordinator or designee and discussed at our monthly QA meeting	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 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. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Fire drills shall be conducted quarterly on each	K 050	We met the requirement of conducting a	5/21/16

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K 050	Continued From page 2 shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Third Shift fire drill during the fourth quarter of 2015. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) fire drills in the past year.	K 050	third shift fire drill during the fourth quarter of 2015. Both parties, the Surveyor and maintenance supervisor missed the report. 1. Fire drills were conducted on each shift as required. 2. If we did not meet the requirement, it would increase risk to all residents. 3. The new maintenance supervisor was educated by the surveyor on the importance of fire drills. 4. Audits of the fire drills will continue to be completed by QA coordinator or designee and discussed at our monthly QA meetings.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, 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, 9.6.1.4, NFPA 72 7-3.2 The facility failed to test and maintain the fire alarm system as required by NFPA 72, National Fire Alarm Code. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The most current fire alarm system	K 052	1. Fire alarm batteries were tested on 4/13/16 to meet NFPA72, National Fire alarm code. 2. Failure to test the fire alarm batteries has a potential risk to the entire facility and all the residents. 3. Education was given to our new maintenance supervisor on how to test batteries under load by the surveyor. 4. An audit of the testing of the fire alarm batteries under load will be conducted by QA coordinator or designee and	5/21/16

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K 052	Continued From page 3 batteries load voltage test was conducted on 05/21/2015 during the annual inspection by an outside company. No other record of a load voltage test of the fire alarm system batteries was available. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) load voltage tests of the fire alarm system batteries. The fire alarm system serves the entire facility.	K 052	discussed at QA monthly meetings.	