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 _____	**05/08/2017**

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

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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 with a dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 221 SS=D	NFPA 101 Patient Sleeping Room Doors Patient Sleeping Room Doors Locks on patient sleeping room doors are not permitted unless the key-locking device that restricts access from the corridor does not restrict egress from the patient room, or the locking arrangement is permitted for patient clinical, security or safety needs in accordance with 18.2.2.2.5 or 19.2.2.2.5. 18.2.2.2, 19.2.2.2, TIA 12-4 This STANDARD is not met as evidenced by: Locks, if provided, shall not require the use of a 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 bathroom door in Resident Room 407 was equipped with a key operated lever latch lock that required the use of a key to open the door from inside the Bathroom.	K 221	1) The bathroom door knob in Room 407 was replaced with a non-lockable door knob on 5/16/17 to meet the requirement 2) Will do a walk through the facility to see if we have any key operated latch locks are in any other Resident□s rooms 3) Will educate the new maintenance person not to install any locking mechanisms in Resident□s rooms	6/22/17

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

Electronically Signed | 05/19/2017

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K 221	Continued From page 1 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 resident bathroom doors throughout the facility.	K 221	4) Audit will be conducted if any new door locking mechanisms were installed will be given to the QA Coordinator or designee and discussed at our QA meeting	
K 291 SS=F	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. 7.9.3 The facility failed to ensure emergency lighting of at least 1 1/2-hour duration. Review of records indicated the facility failed to conduct monthly 30-second and annual 1 1/2-hour tests on the emergency battery pack lights throughout the facility. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	1) Emergency lighting will be tested for 30 seconds every 30 days and at least annually for 1 1/2 hour 2) All emergency battery back-up lighting has the potential to be affected and increase the risk of death or injury due to a fire 3) Education will be given on the requirements of this regulation to the new Maintenance Supervisor 4) An audit will be conducted to see if the emergency lighting was completed and given to the QA Coordinator or designee and discussed at our QA meeting	6/22/17
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		6/22/17

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K 345	Continued From page 2 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. 2010 NFPA 72, 14.4.2.2 item 5(e). 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 fire alarm system batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 05/12/2016. Records did not indicate any other load voltage test was done in the past year. Failure to test and maintain the fire alarm system	K 345	1) Fire alarm system batteries were put under voltage tests on 5/12/17 2) The fire alarm system has the potential to affect the entire facility 3) Education will be given to the new Maintenance Supervisor on this requirement 4) An audit will be conducted on when the panel batteries were tested to meet the requirement at QA meeting to our QA Coordinator or designee.	

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K 345	Continued From page 3 in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility.	K 345		
K 347 SS=E	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: 1) Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors in the corridor by Resident Room 306, corridor by Resident Room 800, Activity Office and Sunroom	K 347	1) Smoke detectors in corridor Resident room 306, corridor Resident room 800, activity office and sunroom were tested on 5/12/16 and again on 5-12-17 to meet the requirement of replacement of the 5 smoke detectors. We did meet the requirement. (Enclosed is the information) 2) We will education our New Maintenance Supervisor to put all the information in the appropriate place. 3) Will contact the vender on setting a time and schedule on testing the smoke detectors to meet the requirement but they did meet the requirement. 4) An audit will be conducted to see if the vendor did the testing & put in the correct binder for review to the QA Coordinator and/or designee and discussed at our QA meeting.	6/22/17

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K 347	Continued From page 4 failed when tested on 05/21/2015 and were replaced. There were no records available to show sensitivity testing had been completed during the first year of service. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected four (4) of numerous smoke detectors in the facility. 2) Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined twelve (12) smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected twelve (12) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	#2 1) Smoke detector will be moved from any air supply at least 3 feet away. 12 smoke detectors will be moved to meet that requirement 2) The whole facility has the potential to be affected 3) Will do a walk through the whole facility with the vendor to make sure we are at least 3 feet away from any air supply with the smoke detectors. 4) An audit will be given to the QA coordinator or designee and discussed at our QA meeting	
K 351 SS=E	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by	K 351		6/22/17

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K 351	Continued From page 5 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: Health care facilities shall be protected throughout by an approved, supervised automatic fire sprinkler system. 19.3.5.3, 19.3.5.4, 9.7.1.1(1), NFPA 13 The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Observation determined: 1) The bathroom in Staff Sleeping Room 802 lacked sprinkler coverage in the shower area. 2) The bathroom in Staff Sleeping Room 805 lacked sprinkler coverage in the shower area. 3) The sprinkler in the walk-in cooler located in the Kitchen was of intermediate-temperature classification. The walk-in cooler was not	K 351	1) a) Sprinkler heads were installed on 5-11-17 in Rooms 802 and 805 to cover the shower area. b) The sprinkler in the walk-in cooler will be replaced with an ordinary temperature sprinkler heads c) The telephone equipment room on the west side will have a sprinkler head installed in that area depending on vendor□s schedule 2) Only these 4 locations are affected 3) Will have vendor do the work according to their schedule to meet this requirement 4) An audit will be done and given to the QA Coordinator or Designee and discussed at our QA meeting	

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K 351	Continued From page 6 equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be ordinary-temperature classification in walk-in freezers and walk-in coolers without an automatic defrosting feature. 4) The Telephone Equipment Room had no sprinklers. 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 sprinkler coverage in four (4) of numerous locations in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing 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.	K 353		6/22/17

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K 353	Continued From page 7 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, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	1) Control valve and gauges will be inspected monthly to meet this requirement 2) The whole facility would be affected by this practice if a fire occurred 3) Educate the new Maintenance Supervisor of the requirement of inspection of the valve and gauges that they are working properly 4) An audit will be conducted and given to QA Coordinator or Designee and discussed at our QA meeting	
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	K 712		6/22/17

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K 712	Continued From page 8 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. 18.7.1.4 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) No fire drills were conducted on the PM Shift during the fourth quarter of 2016. 2) No fire drills were conducted on the PM Shift during the first quarter of 2017. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 712	1) Fire drills will be conducted according to NFPA-101 2) Failure to conduct fire drills has the potential to affect the entire facility if a fire occurred 3) Education will be given to the new Maintenance Supervisor and Safety Coordinator on proper fire drills 4) An audit will be conducted and given to QA Coordinator or Designee and discussed at our QA meeting	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure	K 901		6/22/17

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K 901	Continued From page 9 performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2 Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	1) Will work with National Campus & our Facility to provide a risk assessment of our building systems. 2) The whole facility has the potential to be affected. 3) Potential Risk will be assessed and mitigated strategy developed. 4) An audit will be given to our QA Coordinator and/or designee to be discussed at our QA meeting when completed	
K 918 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36	K 918		6/22/17

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K 918	Continued From page 10 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. NFPA 99 6.4.4.1.1.4, NFPA 110 8.3, 8.4.1 The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review determined no documentation was available to indicate the generator was tested during the months of January, February,	K 918	1) Generator will be tested 12 times per year to meet NFPA99 and NFPA110 regulations 2) This has the potential to affect our entire facility if the generator doesn□t work properly 3) Education will be provided to our new Maintenance Supervisor on this requirement 4) An audit will be conducted and given to the QA Coordinator or Designee to be discussed at our QA meeting	

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K 918	Continued From page 11 March and April of 2017. Failure to inspect and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918		