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 _____	**06/22/2015**

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 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 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 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. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Night Shift fire drill during the third quarter of 2014 and a PM Shift fire drill during the first quarter of 2015.	K 050	1. Fire drills will be conducted quarterly on each shift as required 2. Failure to conduct the fire drills increases a risk to all residents 3. The New maintenance person was educated regarding the requirement of monthly fire drills by the surveyor and workshop materials as well as the new	8/6/15

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

Electronically Signed | 07/01/2015

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K 050	Continued From page 1 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 050	safety coordinator 4. An audit of the fire drills will 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 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: Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72 7-3.2 The facility failed to test 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. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 05/21/2015. Records did not indicate a load voltage test was done six (6) months prior to the annual inspection.	K 052	1. Fire alarm batteries were tested on 6/26/15 to meet the required by NFPA 72, National Fire alarm code semiannually. 2. Fire alarm testing has the potential risk to all residents 3. Education was given to our New maintenance supervisor by the surveyor 4. An audit of the fire alarm testing of the batteries will be completed by QA coordinator or designee semiannually and discussed at QA meetings	8/6/15

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K 052	Continued From page 2 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) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility.	K 052		
K 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: System defects and malfunctions shall be corrected. NFPA 72 7-1.1.2 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Record review indicated the smoke detectors in the Activity Office, West Sun Room, corridor by Room 306 and corridor by Room 800 failed when tested on 05/21/2015 and had not been replaced. Failure to maintain smoke detectors as required increases the risk of death or injury due to fire. The deficiency affected four (4) of numerous smoke detectors in the facility.	K 054	1. The non-working smoke detectors were replaced on 6/23/15 by vender in the activity office, the west sun room and the corridor's by room 306 and 800 2. This places a potential risk for residents in those areas 3. The administrator visited with the vender and if upon testing there is a failure the consent has been given to just go ahead and plan to fix 4. An audit of the smoke detectors will be completed by QA coordinator or designee annually and discussed at QA meetings	8/6/15
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		8/6/15

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K 062	Continued From page 3 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 1) Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NFPA 25 2-3.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review determined the automatic sprinkler system annual inspection report indicated six (6) sprinkler system gauges had not been replaced or calibrated within the last five (5) years. The deficiency affected six (6) of nine (9) gauges. 2) Valves shall be inspected internally every 5 years to verify that all components operate properly, move freely, and are in good condition. NFPA 25 9-4.2.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.	K 062	1. Vendor was contacted to replace and check the gauges and internally inspect the check valve to meet requirements by NFPA 25 2. This has the potential to affect the entire facility 3. The Vendor was notified and will come to do the inspection according to their schedule 4. An audit of the gauges and check valve inspection will be completed by QA coordinator or designee and discussed at monthly QA meetings, next inspection in 5 years	

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K 062	Continued From page 4 Record review determined the automatic sprinkler system annual inspection report indicated that the check valve had not been internally inspected within the last five (5) years. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The gauges and check valve are components of the complete automatic sprinkler system, which serves the entire facility.	K 062		
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. NFPA 10 4-3.1 The facility failed to inspect fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the portable fire extinguisher in the Beauty Shop had not been inspected in May 2015 and the portable fire extinguisher in the Laundry room had not been	K 064	1. Our New maintenance supervisor was instructed where all of the portable fire extinguishers to be inspected in accordance with NFPA 10 2. There was a potential risk to areas around the Beauty Shop and Laundry room 3. Our New maintenance supervisor	8/6/15

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K 064	Continued From page 5 inspected in January, February, March, April and May 2015. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous portable fire extinguishers in the facility.	K 064	inspected all of the portable fire extinguishers the day of inspection and made a floor plan of locations as to not miss any of them from this day forward. 4. An audit of the portable fire extinguishers inspections will be completed by QA coordinator or designee monthly and discussed at QA meetings	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 1) All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110 3-5.5.6	K 144	1. Failure to be compliant with NFPA 110 on the following regarding the generator a. Remote stop switch on the outside of generator room with waterproof enclosure b. Checking the storage batteries for the generator c. Exercise monthly under load for at least 30 minutes 2. This had the potential to affect the whole facility	8/6/15

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K 144	Continued From page 6 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined there was no remote stop switch for the generator located outside of the generator room. 2) Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days. NFPA 110 6-3.6 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Record review determined the electrolyte levels of the emergency generator batteries were not checked at seven (7) day intervals as required. 3) Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes. NFPA 110 6-4.2 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Review of generator test records could not verify that monthly 30-minute load tests were conducted in September 2014, January 2015, February 2015, March 2015 and May 2015. Failure to inspect and maintain the emergency	K 144	3. a. Vendor will be contacted to install stop switch and a weatherproof enclosure b. Maintenance supervisor inspected the electrolyte level in the batteries on 6/26/15 and was given checklist forms for weekly and monthly testing as required c. Put generator under load for at least 30 minutes on the 30th of June 4. An audit of the generator storage batteries and load testing and installation of remote stop switch will be completed by QA coordinator or designee monthly and discussed at QA meetings	

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K 144	Continued From page 7 generator in accordance with 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 144		