STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355089	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - PARK RIVER	301 S HWY 12B PARK RIVER, ND 58270

(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 42 CFR 483.70(a). The facility is located in a one-story building of Type V (000) construction with no basement. The building is protected with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000	"Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State Law require it. For the purposes of any substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with ND requirements for Food and Beverage Establishments.	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: The facility failed to ensure the transferring of liquid oxygen location meets NFPA 99, Standard	K 143	1. Installed self closure on fire rated door into Liquid Oxygen Transferring Room. Precautionary sign added to door indicating that transferring was occurring. Concrete flooring added and 5/8" gypsum drywall installed on ceiling of Liquid Oxygen Transferring room. 2. Audit completed to ensure proper transfer and storage of Liquid Oxygen. 3. Maintenance or designee will audit storage and transferring of	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joan Olson | TITLE: Administrator | (X6) DATE: 3-8-2010

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 143	Continued From page 1 for Health Care Facilities. Observation determined: 1) The Liquid Oxygen Transferring Room was not separated from any portion of the facility wherein residents are housed, examined, or treated by a fire barrier of 1-hour fire-resistive construction. (The ceiling was one layer of 5/8" gypsum drywall.) 2) The corridor door to the Liquid Oxygen Transferring Room was not a fire rated self-closing door assembly. 3) The Liquid Oxygen Transferring Room was not provided with ceramic or concrete flooring. 4) The Liquid Oxygen Transferring Room was not posted with precautionary signs indicating that transferring was occurring.	K 143	Liquid Oxygen 1 x monthly x 2 months. 4. Audit findings will be reported to Safety Committee and QA Committee. 5. Completed 3-17-2010.	