STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355089	A. BUILDING _____ B. WING _____	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - PARK RIVER	**301 SOUTH COUNTY ROAD 12B PARK RIVER, ND 58270**

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E 000	Initial Comments A recertification survey conducted on 07/16/2024 found Good Samaritan Society - Park River in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 07/25/2024

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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	355089	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/16/2024**

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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 no basement. The building was protected with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.	K 324		7/25/24

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K 324	Continued From page 1 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate	K 324	1. An inspection was completed on July 17, 2024 of the Wet Chemical Extinguishing Systems. 2. An inspection will be completed monthly of the Wet Chemical Extinguishing Systems. 3. On July 17 2024, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Director and Administrator on ensuring that inspection is to be completed monthly. Monthly inspection for Wet Chemical Extinguishing System are on the TELs system. 4. Maintenance Director or designee will audit wet chemical extinguishing system one (1) time monthly for three (3) months, one (1) time quarterly for two (2) quarters then as deemed necessary by QAPI and Safety Committees. 5. July 17, 2024	

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K 324	Continued From page 2 corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed during February, March, April, May, and June 2024. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 347 SS=E	Smoke Detection CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following.	K 347	1. Failed smoke detectors will be fixed on August 15, 2024. 2. Smoke sensitivity testing will be	8/30/24

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K 347	Continued From page 3 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 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 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 records indicated the smoke detectors in Resident Rooms 203, 205, 212, 403, 413, and 416 failed when sensitivity tested on 04/18/2024 and had not been replaced at the time of the survey. Failure to maintain the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected six (6) of numerous smoke detectors in the facility.	K 347	performed during the first year in service and the alternate year following. 3. After testing is completed of the smoke sensitivity test on the smoke detectors any noted issues will be handled and fixed. 4. The maintenance director or designee will audit sensitivity testing report one (1) time per year for completed and reported to QAPI and the Safety Committee. 5. August 15, 2024	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.	K 511		7/25/24

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K 511	Continued From page 4 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Commercial Cooking Appliances. Commercial cooking appliances that are moved for cleaning and sanitation purposes shall be connected in accordance with the connector manufacturer's installation instructions using a listed appliance connector complying with ANSI Z21.69/CSA 6.16, Connectors for Movable Gas Appliances. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions. Restraint. Movement of appliances with casters shall be limited by a restraining device installed in accordance with the connector and appliance manufacturer's installation instructions. Use with Casters. Floor-mounted appliances with casters shall be listed for such construction and shall be installed in accordance with the manufacturer's installation instructions for limiting the movement of the appliance to prevent strain on the connection. 19.5.1.1, 9.1.1, NFPA 54 9.6.1.1, 9.6.1.2, 10.12.6 The facility failed to install gas equipment and appliances in accordance with NFPA 54, National Fuel Gas Code. Observation determined the wheeled, gas-fired stove and griddle located on the cooking line in the kitchen was not provided with a restraint system to limit the movement of the appliance to prevent strain on the connections, as required by	K 511	1. A restraint system¿was placed on the gas-fired stove and griddle¿on July 24, 2024. 2. The maintenance director or designee will check¿all cooking appliances to make sure safety equipment is attached and maintained in a manner that prevents strain on electrical and gas connections. ¿ 3.¿ ¿Installation and audit to restraint system were completed on July 24, 2024. 4.¿ Audits will be completed one (1) time monthly for three (3) months, one (1) time quarterly for two (2) quarters then as deemed necessary by QAPI and Safety Committees 5. July 24, 2024	

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K 511	Continued From page 5 NFPA 54. Failure to install gas equipment and appliances in accordance with NFPA 54 increases the risk of injury or death due to fire. The deficiency affected one (1) of one (1) gas appliance in the Kitchen.	K 511		