STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355089	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - PARK RIVER	301 SOUTH COUNTY ROAD 12B , PARK RIVER, North Dakota, 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
K0000	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.	K0000		08/29/2025
K0324 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. 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 STANDARD is NOT MET as evidenced by:	K0324	1. 1.On today's date August 28, 2025, the Wet Chemical Extinguishing System visual inspection is confirmed by the Administrator in the electronic work order system. 2. The visual inspection will be completed monthly of the Wet Chemical Extinguishing Systems by Maintenance Supervisor or designee. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that inspection is to be completed monthly. Monthly inspection for Wet Chemical Extinguishing System are on the TELs system. 4. Administrator 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. 5. Date of compliance will be August 29, 2025	08/29/2025

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355089	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/19/2025

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GOOD SAMARITAN SOCIETY - PARK RIVER	301 SOUTH COUNTY ROAD 12B , PARK RIVER, North Dakota, 58270

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K0324 SS = E	Continued from page 1 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 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 April 2025.	K0324		

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K0324 SS = E	Continued from page 2 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.	K0324		
K0345 SS = F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: The facility failed to test the fire alarm system as required. 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, 14.1.1 Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). 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 04/22/2025. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year.	K0345	1. Fire alarm system load voltage tests will be completed by September 12, 2025. 2. The fire alarm system load voltage tests of the fire alarm system batteries will be tested and maintained semiannually by outside vendor. Semiannual inspection of fire alarm voltage test are on the TELs system. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that inspection is to be completed semiannually. 4. Administrator or designee will audit the components of the fire alarm batteries weekly x4, monthly x2, quarterly x1 then as deemed necessary by QAPI and Safety Committees. 5. Date of compliance will be September 12, 2025	09/12/2025

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K0345 SS = F	Continued from page 3 Failure to install, 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.	K0345		
K0355 SS = F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is NOT MET as evidenced by: The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 Record review determined no documentation was available to indicate a monthly inspection of the Class K portable fire extinguisher located in the Activity Room had been completed during May, June, and July 2025. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K0355	1. Inspection of portable fire extinguisher in Activity room was completed on August 28, 2025, and was visually check by Adminsitrator on August 29, 2025. 2. The inspection will be completed monthly of all portable fire extinguishers by Maintenance Supervisor or designee. The audit of all fire extinguishers in the facility will be completed by September 5, 2025. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that monthly inspections will be completed of the portable fire extinguishers. Monthly portable fire extinguishers inspections are on the TELs system. 4. Administrator or designee will audit fire extinguisher will be completed weekly x4, monthly x2, and quarterly x1 then as deemed necessary by QAPI and Safety Committees. 5. Date of compliance will be September 5, 2025.	09/05/2025
K0521 SS = F	HVAC CFR(s): NFPA 101	K0521	1. Fire dampers will be tested and inspected by September 12, 2025.	09/12/2025

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K0521 SS = F	Continued from page 4 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is NOT MET as evidenced by: The facility failed to test and inspect fire dampers in accordance with NFPA 80. Fire dampers shall be tested and inspected in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. All tests shall be completed in a safe manner by personnel wearing personal protective equipment. Full unobstructed access to the fire or combination fire/smoke damper shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall not be blocked from closure in any way. The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review by the AHJ. 19.5.2.1, 9.2.1, NFPA 90A 5.4.8.1, NFPA 80, 19.4 Review of records and staff interview determined the tests and inspections of fire dampers were not performed as required. On 08/19/2025, no records of tests and inspections of fire dampers were available.	K0521	Continued from page 4 2. The fire dampers will be tested and inspected every four (4) years by outside vendor. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that damper inspection is to be completed every four (4) years. Damper testing and inspection are on the TELs system. 4. Administrator or designee will audit monthly to verify that the TELs task is available then as deemed necessary by QAPI and Safety Committees. 5. Date of compliance will be September 12, 2025.	

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K0521 SS = F	Continued from page 5 Failure to test and inspect fire dampers in accordance with NFPA 80 increases the risk of death or injury due to fire. This deficiency affected all fire dampers in the facility.	K0521		
K0712 SS = E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) All fire drills did not include the simulation of an emergency phone call to the fire department. 2) No fire drill was conducted on the AM Shift during the first quarter in the past year. 3) No fire drill was conducted on the PM Shift during the fourth quarter in the past year. 4) No fire drills were conducted on the Night Shift during the fourth quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected ten (10) of twelve (12) drills	K0712	1.On today's date August 28, 2025, the Fire Drills as required per shift requirements is confirmed by the Administrator in the electronic work order system. 2. A schedule will be maintained to meet the required fire drill requirements one per quarter per shift by Maintenance Supervisor or designee. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that fire drills is to be completed monthly. Education will be completed to all staff on ensuring a simulated phone call to the fire department by September 16, 2025. Monthly fire drills with shift requirements are on the TELs system. 4. Administrator or designee will audit fire drills weekly x4, monthly x2, quarterly x1 then as deemed necessary by QAPI and Safety Committees. 5. Date of compliance will be September 16, 2025.	09/16/2025

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K0712 SS = E	Continued from page 6 in the past year.	K0712		
K0761 SS = F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This STANDARD is NOT MET as evidenced by: The facility failed to inspect and test fire rated door assemblies throughout the facility. Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 Review of documentation and interview with staff determined all fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire.	K0761	1. Fire door inspections will be completed by September 12, 2025. 2. The fire door inspections will be inspected and tested annually by Maintenance Supervisor or designee. Annual fire door inspections are on the TELs system. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that fire door inspection is to be completed annually. 4. Administrator or designee will audit fire door operation will be completed weekly x4, monthly x2, quarterly x1 then as deemed necessary by QAPI and Safety Committees. 5. Date of compliance will be September 12, 2025.	09/12/2025

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K0761 SS = F	Continued from page 7 The deficiency affected numerous fire rated door assemblies throughout the facility.	K0761		
K0918 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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 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, readily identifiable, and separate from normal power circuits. 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: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined: 1) The emergency generator was not exercised under load for 4 continuous hours during the past 36 months.	K0918	Generator 4 hour continuous hour test and transfer switch was completed on August 25, 2025. On today's date August 28, 2025, the generator monthly load tests is confirmed by the Administrator in the electronic work order system The 4 continuous hour generator testing will be completed every 3 years by an outside vendor. Monthly inspection load tests of the emergency generator will be completed by Maintenance Supervisor or designee. TELs systems was updated to include all generator load bank testing. 3. On August 29, 2025, Isaac Herman, Environmental Health and Safety Consultant, Sanford Health provided Education to Maintenance Supervisor and Administrator on ensuring that monthly and 4 hour continuous load testing every 3 years is to be completed on the emergency generator. Monthly load tests for emergency generator and 4 hour continuous load test of emergency generator are on the TELs system. 3. Administrator or designee will audit 4 continuous hour emergency generator testing 1x for one (1) year then as deemed necessary by QAPI and Safety Committees. Administrator or designee will monthly emergency generator testing (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. Date of compliance will be August 29, 2025.	08/29/2025

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K0918 SS = F Bldg. 01	Continued from page 8 2) No monthly load tests of the emergency generator were conducted for all months during the past year. Failure to inspect, test 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.	K0918		

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	355089	A. BUILDING B. WING	**08/19/2025**

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E0000	Initial Comments A recertification survey conducted on 08/19/2025 found Good Samaritan Society – Park River in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		08/29/2025

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 reverse for further 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.

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