North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8084	A. BUILDING: **01 - GOOD SAMARITAN SOCIETY** B. WING _____	**06/20/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTA PLACE - A PROSPERA COMMUNITY	**316 VERSAILLES AVE** **BISMARCK, ND 58503**

(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) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type V (111) construction that was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13R Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height. The building was separated from the nursing home by an occupancy separation wall having a two-hour fire resistance rating. The lower floor was basic care and the main floor was assisted living. The center core area of the main floor was surveyed to the one-hour fire resistance barriers in the east and west wings. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 3.95.	K 000	Rec'd via e-mail AND USPS 07/03/2023 SJB	8/19/2023
K 244	Emergency Egress and Relocation Drills Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. 33.7.3 This state licensing rule is not met as evidenced by: Fire drills must be held monthly with a minimum of twelve drills per year, alternating with all work shifts. Residents and staff, as a group, shall	K 244	All future fire drills will be conducted as required each quarter and per Federal regulations. All areas of the facility have the potential to be affected by this practice. On 06/25/2023 the Director of Environmental Services and all Environmental Services Assistants were educated on the importance of proper shift rotation for fire drills. The facilities scheduled maintenance log will be audited by the Administrator and/or designee to include fire drills scheduled at unexpected times under varying conditions at least quarterly on each shift, for 3 months and then one quarter thereafter to ensure compliance is achieved and sustained.	

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

Administrator | 7/3/23

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K 244	Continued From page 1 either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill, including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification. NDAC 33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records indicated the facility failed to conduct a fire drill on the third shift during the second 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 one (1) of twelve (12) required fire drills in the past year.	K 244		
K 251	MANUAL FIRE ALARM General. A fire alarm system in accordance with Section 9.6 shall be provided, unless all of the following conditions are met:	K 251		

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K 251	Continued From page 2 (1) The facility has an evacuation capability of prompt or slow. (2) Each sleeping room has exterior exit access in accordance with 7.5.3. (3) The building does not exceed three stories in height. 33.3.3.4.1 This state licensing rule is not met as evidenced by: A fire alarm system in accordance with section 9.6 shall be provided. 33.3.3.4.1. 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 The facility failed to test the fire alarm system as required. Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2, Table 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 04/14/2023. The facility conducted a load voltage test on 02/08/2023, two months prior to the annual test.	K 251	The facility failed to inspect and test the fire alarm in accordance with the code. On 12/21/23 facility obtained an outside contract Augusta Place will conduct and document semiannual load voltage tests of the fire alarm system batteries twice each year. Verification of semi-annual testing will be implemented in life safety meetings. The results of the test will be recorded with the facility documentation system. The fire alarm load voltage test has the potential to affect all residents in the building. Environmental Services Director or designee will be responsible to ensure the semi-annual testing is completed on a scheduled basis. Outside Vendor will complete semi-annual testing for the fire alarm batteries. Documentation of facility inspections will be inserted into facilities TELES program for monitoring and results will be brought to safety meetings. QI monitoring will be reviewed at quarterly Quality Assurance meeting to ensure compliance.	8/19/2023

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K 251	Continued From page 3 Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. 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.	K 251		