STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355100	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/15/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - DEVILS LAKE	**302 7TH AVE NE** **DEVILS LAKE, ND 58301**

(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 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 Good Samaritan Society-Devils Lake was located in a one-story building of Type V (000) construction with a partial basement. The facility was equipped with two (2) dry automatic fire sprinkler systems designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 293 SS=E	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: The facility failed to ensure exits were marked by approved signage that was readily visible from any direction of exit access and that obviously and clearly identified the exit. 7.10.1.2 Observation determined that exit signs were not installed on either side of the smoke barrier doors located on the south side of the solarium.	K 293	1. Lake Region Electric has been contacted and requested to install exit sings on both sides of the smoke barrier doors located on the south side of the solarium. 2. The facility has identified all smoke barriers in the facility have the potential to	2/8/19

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

Electronically Signed | 01/29/2019

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K 293	Continued From page 1 Failure to provide exit signage as required increases the risk of death or injury due to fire. The deficiency affected one (1) of five (5) smoke barriers in the facility.	K 293	be affected by this practice. The Director of Environmental Services will inspect all facility smoke barriers to ensure proper exit signage. 3. Once the exit signs are installed on both sides of smoke barrier doors in solarium the facility will be in compliance with all smoke barriers exit signage. 4. Each smoke barrier exit signage will be visually inspected as part of the monthly fire drills for placement and illumination. Monthly fire drill reports will be reviewed by the Quality Assurance Committee for sustained compliance. 5. Lake Region Electric will install the exit signage on both sides of the smoke barrier doors to the south of the solarium on or before February 8th, 2019.	
K 345 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 REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1	K 345	Part One. 1. Convergint Technologies has been	3/1/19

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K 345	Continued From page 2 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, 14.4.1 Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). The facility failed to test the fire alarm system as required. Review of documentation determined: 1) Device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. 2) 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 10/29/2018. 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 one (1) fire alarm system and one (1) of two (2) required load voltage tests of the fire alarm batteries in the past	K 345	contacted and requested to complete another fire system test and provide test results to facility in an itemized list with device type, address, location and test results as required. 2. The Facility has identified that the fire system serves the entire facility. 3. All fire protection contractors who complete a fire system test at the Good Samaritan Society - Devils Lake will be required to submit test results in an itemized list with device type, address, location and test results as required. 4. The Director of Environmental Services will ensure that reports following any fire system tests meet the guidelines set fourth in NFPA 70 and NFPA 72. All completed fire system tests will be submitted to and reviewed by the Quality Assurance Committee to ensure sustained compliance. 5. Convergint Technologies has been contacted and requested to complete a new fire system test with test results in an itemized format which will include device type, address, location, and test results. Completion will occur on or before March 1st, 2019. Part Two. 1. Convergint Technologies have been contacted and requested to complete a battery load test during the month of	

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K 345	Continued From page 3 year. The fire alarm system serves the entire facility.	K 345	January 2019. Moving forward, Convergint Technologies has been requested to complete battery load tests in January and July of each year. 2. The facility has identified that these batteries are part of a fire panel which serves entire facility. 3. The Director of Environmental Services has placed reminders using outlook calendar to begin a minimum of thirty days prior to the July 2019 battery load test due date and repeats every six months. Convergint Technologies has been contacted and requested to complete a battery load voltage test each January and July. 4. Director of Environmental Services will submit a quarterly quality report to the Quality Assurance Committee regarding the status or completion of the semi-annual load voltage test. 5. Facility had last load voltage test completed on 10/29/2018. Convergint Technologies will conduct load voltage test of batteries on 01/30/2019. Next test is scheduled on or before July 30th, 2019.	
K 500 SS=F	Building Services - Other CFR(s): NFPA 101 Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the	K 500		2/8/19

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K 500	Continued From page 4 applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: 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	K 500	1. Johnson Controls has been contacted and requested to complete the fire damper inspection and testing prior to February 9th, 2019. 2. The facility has identified that all fire dampers in the facility have the potential to be affected by this practice. 3. Fire damper inspection and testing will be added to the Environmental Service Directors TELS maintenance reminder software. This will remind the Director of required task to be completed and requires completion sing-off. 4. The Director of Environmental Services will provide the Quality Assurance Committee a report on a quarterly basis of upcoming or completed required building service inspections, tests, or cleanings to ensure sustained compliance. 5. Johnson Controls has been contacted and will complete fire damper inspections and testing on or before February 8th, 2019.	

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K 500	Continued From page 5 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, NFPA 80, 19.4 The facility failed to test and inspect fire dampers as required by NFPA 80. Record review on 01/15/2019 indicated the fire dampers were last inspected and tested on December 2, 2014, exceeding 4 years since the last inspection. Failure to maintain fire dampers in accordance with NFPA 80 increases the risk of death or injury due to fire. This deficiency affected the entire facility.	K 500		