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 _____	12/13/2010

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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). 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 a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000	**General Disclaimer** 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 it is required by the provisions of Federal and State law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: The owner or occupant of a property in which fire extinguishers are provided for the protection of the structure and the hazardous combustible contents, must give proper attention to the inspection, maintenance and recharging of the fire protection equipment. The facility failed to inspect the portable fire extinguisher located in the basement Corridor near the Kitchen Storage on a monthly basis. Observation showed the inspection tag on the extinguisher had not been initialed to indicate a monthly inspection during October and November 2010.	K 064	**K064 Portable fire extinguisher inspection** This is what the facility will do to correct the specific problems found. The fire extinguisher located in the basement corridor was inspected and the inspection documented. Completed by 12-23-10. This is what the facility will do to identify and correct any problems found in other areas. During the survey, the Surveyor inspected all other fire extinguishers and they had proper documented inspections. Completed by 12-13-10	
K 130	NFPA 101 MISCELLANEOUS	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mark D Hodges — TITLE: Administrator — (X6) DATE: 12-23-10

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.

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 _____	12/13/2010

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 130 SS=F	Continued From page 1 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) The emergency generator must be inspected weekly. Maintenance free batteries are not permitted. NFPA 110, 3-5.4.5 Review of records determined documentation of the weekly inspections did not include the battery fluid. Inspection of the battery revealed a maintenance free type without removeable caps was in use. 2) Gas meters, regulators and piping must be protected against physical damage in an approved manner when exposed to equipment traffic. The barriers must be designed to the largest piece of equipment that would be typically parked or used in the immediate area. NFPA 54, National Fuel Gas Code. The facility failed to adequately protect this equipment as required by NFPA 54. Observation showed the gas piping located adjacent to the north east side of the building was not protected from vehicular/equipment damage.	K 130	This is what the facility will do or changes it will make to the systems that will prevent this problem from reoccurring in the future. The Environmental Services Supervisor has developed an audit sheet using a map of the facility that identifies all portable fire extinguishers. This audit form will be used to track the completion of each monthly inspection. Completed by 1-27-11 This is how the facility will monitor to make sure the changes continue and the problem is prevented. The Environmental Services Supervisor will turn in the audit sheet used to track the portable fire extinguisher inspections. The CQI committee will follow up as needed. This process will continue for 90 days and then as directed by the CQI committee. Completed by 1-27-11 **K130 Other LSC Deficiencies-Gas Line protection-Generator battery inspection** **See additional attached page for completion of the Plan of Correction**	