

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355100		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2017	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - DEVILS LAKE				STREET ADDRESS, CITY, STATE, ZIP CODE 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 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,			K 351			1/27/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/18/2017

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - DEVILS LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 351	Continued From page 1 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. NFPA 13 8.3.2, 8.3.2.5(10) Observation determined: 1) One (1) sprinkler in the walk-in cooler located in the Kitchen was of ordinary-temperature classification. The walk-in cooler was equipped with an automatic defrosting feature. 2) One (1) sprinkler in the walk-in freezer located in the Kitchen was of ordinary-temperature classification. The walk-in freezer was equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	1. Allied Fire Protection has been contacted with a request to install intermediate temperature classification or higher sprinkler heads in walk-in cooler and walk-in freezer. 2. The sprinkler system serves the entire facility. The Environmental Service Director and Allied Fire Protection will conduct a facility assessment to ensure placement of proper temperature rated sprinkler heads in all locations. 3. The Environmental Service Director will review section 8.3.2 - 8.3.2.7 of NFPA 13. When any changes are made to existing sprinkler heads or additions to system, the environmental service director will ensure licensed contractor is referring to 8.3.2 Temperature Ratings NFPA 13. 4. Once identified sprinkler heads are replaced in two of two locations and the facility assessment is completed, the facility will be in compliance. Each quarter for 1 year, the environmental service director will submit a facility sprinkler head assessment report to the Quality Assurance Committee. The assessment report will indicate if any changes have been made to sprinkler system and if so, that proper temperature rated sprinkler heads were		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - DEVILS LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 351	Continued From page 2	K 351	used for their location.		
K 712 SS=F	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 REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. Drills shall be held at expected and unexpected times and under varying conditions to simulate the unusual conditions that can occur in an actual emergency. A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, 4.7.4, 4.7.6	K 712	5. Compliance will occur on or before January 27th 2018. 1. The drills which were already conducted cannot be changed, but moving forward all required fire drills will be completed at unexpected times and under varying conditions. 2. The facility has identified that required fire drills affect the entire facility. 3. The director of environmental services will review section 18.7.1 - 18.7.2.3.3 NFPA 101 2012. The director of environmental services and safety coordinator will develop a quarterly fire drill calendar which will plan facility fire drills that have unexpected	12/31/17	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2017
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - DEVILS LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 712	Continued From page 3 Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at 10:45 am, 10:30 am, 1:17 pm and 1:33 pm. 2) The last four (4) fire drills on the PM shift occurred at 3:00 pm, 3:30 pm, 3:23 pm, and 3:30 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected eight (8) of twelve (12) drills in the past year.	K 712	times and varied conditions in relation to the time of the day and calendar day. 4. An audit tool has been developed. The environmental service director or designee will complete and submit audit monthly to the Quality Assurance Committee for 1 year to ensure sustained compliance. 5. Compliance will occur on or before 12/31/2017		