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 _____	**11/25/2013**

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). The findings that follow demonstrate noncompliance with these requirements. 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 sprinkler systems designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K062 ~~K 000~~	The Environmental Services Director will ensure the automatic sprinkler system is maintained in reliable operating order by making the following change to the system. A new quick opening device was ordered and was installed by the director in the "old Firematic" automatic fire sprinkler system. In order to make sure other deficient practices do not exist, the other quick opening device was checked and it is in good working condition at the current time. In order to ensure that the deficient practice will not recur and that the deficient practice is corrected, the Environmental Service Director will check to make sure the device is on and working each month for the next three months. In addition, an outside company has been contracted to do quarterly checks to make sure the fire system is maintained and working properly overall.	1/9/14
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system, one (1) of two (2), was continuously maintained in reliable operating condition. Observation determined the valve for the quick opening device for the "old Firematic" automatic fire sprinkler system was in the closed position.	~~K 062~~		
K 068 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2	~~K 068~~		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan E Bjelland — TITLE: Administrator — (X6) DATE: 12/5/13

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 _____	11/25/2013

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 068	Continued From page 1 This STANDARD is not met as evidenced by: Gas-fired dryers must communicate with the outdoors in accordance with method 1 or 2 for ventilation/combustion air. NFPA 54, National Fuel Gas Code. Observation determined the facility failed to provide outside combustion air for the gas-fired dryers in the Laundry in accordance with the requirements of NFPA 54.	K 068	In order for the gas-fired dryers to communicate with the outdoors in accordance with the NFPA54, the center has contracted with Johnson Controls in Devils Lake to install fresh air dampers for the dryers. Other portions of the building have been reviewed to look for deficient ventilation and none were found at the current time. We will rely on Johnson Controls to follow the proper code to install two 8 by 12 inch fresh air dampers with two separate motors. One fresh air duct will vent towards the ceiling and the other will vent towards the floor. The fresh air dampers will then be monitored and maintained by the Environmental Services Director or the designee to make sure they are working and properly maintained at least monthly for the first three months and then as needed thereafter to assure continued compliance and that the deficient practice will not recur.	1/9/14