STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355099	A. BUILDING _____ B. WING _____	05/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - MOTT	401 MILLIONAIRE AVE MOTT, ND 58646

(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
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 05/28/13, and completed on 05/29/13, the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide safety equipment to prevent backflow of contaminated water into 1 of 1 food preparation sink used to wash ready-to-eat foods in the kitchen. The lack of an air gap has the potential to cause contaminated water to back up into the sink and can affect all residents who eat food prepared from this sink. Findings include: A tour of the main kitchen occurred on 05/29/13 at 9:23 a.m. with an administrative dietary staff member (#3). Observation showed the food	F 371	1) The corrective action accomplished related to serving food under sanitary conditions is that modifications have been completed on 6/13/2013 to the food preparation sink drain, creating an air gap that prevents backflow of contaminated water into the sink. 2) The facility recognizes that all residents have the potential to be affected by the same practice. 3) This is the only affected area in the facility, since there is only one food preparation sink. A new drain with an air gap was installed on 6/13/2013. This drain prevents the backflow of contaminated water. 4) The facility will monitor its performance by having the Maintenance Supervisor or designee report at the June 2013 Quality Assurance team meeting that this standard has been met.	06/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tracie O'Kelly	Administrator	6/18/2013

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.

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F 371	Continued From page 1 preparation sink lacked an air gap on the drainpipe below the sink. The dietary staff member stated staff use the sink to prepare ready to eat food for the residents.	F 371		