

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435082 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/02/2015 |
| NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY LENNOX | | | STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST 6TH AVENUE LENNOX, SD 57039 | |
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| K 000 | INITIAL COMMENTS Stories: 1 Construction: Type V (111) per plans Constructed: 1960 K0180: Fully Sprinkled Certified Beds: 59 Capacity: 59 Census: 55 | K 000 | | |
| K 029 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect hazardous areas as required. Findings include: On 3/2/15 the following storage rooms were found to have doors that were not self-closing. Storage rooms that exceed 50 sf in size and contain combustible materials are considered hazardous areas. Doors to hazardous areas are required to be self-closing. | K 029 | A door closer will be added to the storage door in the kitchen pantry by Maintenance Supervisor. The Maintenance Supervisor will report to QAPI Committee when that is complete. QAPI Committee will evaluate and make recommendations as needed. | 4/8/15 |

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

TITLE

(X6) DATE

Lois M. Anderson

Administrator

3-25-15

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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| K 029 | Continued From page 1 Kitchen storage The Maintenance Supervisor was present when the deficiency was identified. Failure to protect hazardous areas as required increases the risk of death or injury due to fire. The deficiency affected one of numerous locations in the building. Ref: 2000 NFPA 101 Section 19.3.2.1 | K 029 | | |
| K 046 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting as required. Findings include: On 3/2/15 the generator providing power for emergency lighting did not have a remote manual stop outside of the room housing the prime mover (diesel motor) or elsewhere on the premises where the prime mover located outside of the building as required. The Maintenance Supervisor was present when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one of numerous | K 046 | An electrician will be installing a remote stop to the backup generator. Maintenance Supervisor will report to QAPI Committee when that is complete. QAPI Committee will evaluate and make recommendations as needed. | 4/8/15 |

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| K 046 | Continued From page 2 requirements of the emergency lighting system. | K 046 | | |
| K 048 SS=D | Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 3-5.5.6 NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire plan as required. Findings include: On 3/2/15 the fire plan did provide for evacuation of smoke compartment as required. The Maintenance Supervisor was present when the deficiency was identified. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected one of eight required components. | K 048 | Administrator will update emergency fire plan to include the step to defend in place or evacuate. Administrator will report to the QAPI Committee when that is complete. QAPI Committee will evaluate and make recommendations as needed. | 4/8/15 |
| K 050 SS=B | Ref: 2000 NFPA 101 Section 19.7.1.1, 19.7.2.2 NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is | K 050 | | |

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| K 050 | Continued From page 3 assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to conduct fire drills as required. Findings include: On 3/2/15 2st shift fire drills in the past year were conducted at 11:18am, 10:25am, 10:15am, and 10:45 am. 2nd shift drills were conducted at 4:45pm, 2:45pm, 2:45pm, and 3:30pm. Fire drills are required to be conducted under varying conditions. Time in the shift is one of the conditions. The shift is eight (8) hours long. Eight of drills in the past year were conducted within a 1.25 hour variation or less in the past year. The Maintenance Supervisor was present when the deficiency was identified. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected 2 of 3 shifts. | K 050 | Maintenance Supervisor will ensure that future fire drills are done at various times during the shifts. Administrator will audit drill times monthly for three months and report finding to QAPI Committee. QAPI Committee will evaluate and make recommendations as needed. | 4/8/15 |
| K 054 SS=C | Ref: 2000 NFPA 101 Section 19.7.1.2 NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance | K 054 | | |

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| K 054 | <p>Continued From page 4 with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test the fire alarm smoke detectors as required.</p> <p>Findings include:</p> <p>On 3/2/15 the Maintenance Supervisor confirmed that the annual smoke detector testing was done with a magnet that did not assure smoke entry as required for the annual detector functional test. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 Section 7-3.2 Table 7-3.2 15h, Table 7-2.2, 13., g., 1.</p> <p>On 3/2/15 the smoke detector sensitivity testing had not been performed as required. Testing is required on alternate years unless previous testing shows that the detectors have remained within its listed and marked sensitivity range. The interval between testing may then be extended to 5 years. Test records showed detectors were all 2.5%/ ft. for the past 3 years. The same reading for all detectors for each of the past three years is unlikely. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 Section 7-3.2.1</p> <p>The Maintenance Supervisor was present when the deficiency was identified.</p> <p>Failure to test smoke detectors as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected all smoke detectors.</p> | K 054 | <p>Contractor will do simulated smoke test on smoke detectors instead of magnet test for the annual detector functional test. Maintenance Supervisor will report results of test to QAPI Committee. QAPI Committee will evaluate and make further recommendations.</p> | 4/8/15 | |

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| K 056 K 056 SS=D | Continued From page 5 NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install automatic fire sprinklers as required. Findings include: On 3/2/15 the main drain discharge was to the floor sump. The sump did not appear to be adequately sized to accommodate the main drain when it was fully open. The main drain is required to discharge to an area that would permit the valve to be opened wide for a sufficient time to assure a proper test without water damage. The Maintenance Supervisor confirmed that the main drain valve was not fully opened during a main drain test. Ref: 2000 NFPA 101 Section Ref: 2000 NFPA 101 Section 19.1.6.2, 19.3.5.1, 9.7; 1999 NFPA 13 Section 5-15.4.1 | K 056 K 056 | Contractor will plumb main sprinkler drain to discharge externally so valve can be opened wide for sufficient time to assure proper test. Maintenance Supervisor will report drainage improvements to QAPI Committee once completed. QAPI Committee will evaluate and make further recommendations. | 4/8/15 | |

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| K 056 | <p>Continued From page 6</p> <p>On 3/2/15 the automatic fire sprinkler inspectors test connection at the following locations did not terminate in a smooth bore corrosion resistant orifice giving a flow equivalent to one sprinkler of a type having the smallest orifice installed on the particular system. The inspector test connection orifice was larger than the smallest sprinkler orifice observed in the building.</p> <ul style="list-style-type: none"> · Basement at riser- 1 inch pipe · 1st floor 100 hall Shower room - 1 inch ball valve <p>Ref: 2000 NFPA 101 Section 19.3.5.3, 9.7.1.1; 1999 NFPA 13 Section 5-15.4.2</p> <p>The Maintenance Supervisor was present when the deficiency was identified.</p> <p>Failure to install automatic sprinklers as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected three of numerous components of the automatic fire sprinkler system.</p> | K 056 | <p>Contractor will install sprinkler head simulators at the inspector test points. Maintenance Supervisor will report upgrades to QAPI Committee once complete QAPI Committee will evaluate and make further recommendations.</p> | 4/8/15 | |