

PRINTED: 03/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435074	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/18/2015
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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY DE SMET	STREET ADDRESS, CITY, STATE, ZIP CODE 411 CALUMET AVENUE NW DE SMET, SD 57231
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(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	<p>INITIAL COMMENTS</p> <p>K 000</p> <p>42 CFR 483.70(a)</p> <p>K3 BUILDING: 0101 K6 PLAN APPROVAL: 1967 K7 SURVEY UNDER: 2000 Existing K8 SNF/NF</p> <p>Type of Structure: One (1) story, 1967, Type III (211), protected combustible construction with seven (7) smoke compartments and a complete automatic dry sprinkler system</p> <p>A Comparative Federal Monitoring Survey was conducted on 02/18/15, following a State Agency Annual Survey on 01/07/15 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Good Samaritan Society De Smet was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p>	K 000		
K 017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate</p>	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 017	Continued From page 1 at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure rooms open to the corridor would not interfere with egress requirements. The deficiency had the potential to affect two (2) of seven (7) smoke compartments, 16 residents, staff and visitors. The facility has the capacity for 37 beds with a census of 35 on the day of survey.  The findings include:  Observation during a tour of the facility on 02/18/15 at 01:26 PM with the Environmental Supervisor revealed the exit corridor located at the back of the 200 corridor was not separated from the therapy area in the facility. The wall had a ten (10) foot opening and there was no door leading into the therapy area.  Interview, on 02/18/15 at 01:27 PM with the Environmental Supervisor, revealed the facility was unaware the therapy area where residents are treated could not be opened to the corridor.	K 017	The exit corridor located at the back of the 200 corridor will be separated from the therapy area to ensure rooms open to the corridor will not interfere with egress requirements. The ten foot opening will be closed as shown on construction plan drawn up by Wallen Construction in accordance with all applicable NFPA requirements. As indicated,		

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K 017	<p>Continued From page 2</p> <p>The census of 35 was verified by the Administrator on 02/18/15. The findings were acknowledged by the Administrator and verified by the Environmental Supervisor at the exit interview on 02/18/15.</p> <p>Actual NFPA Standard: Reference: NFPA 101 (2000 edition) 19.3.6.1 Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. (See also 19.2.5.9.)</p> <p>Exception No. 1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met:</p> <p>(a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas.</p> <p>(b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers.</p> <p>(c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.</p> <p>(d) The space does not obstruct access to required exits.</p> <p>Actual NFPA Standard: NFPA 101, 19.3.6.2 Construction of Corridor Walls.</p> <p>Actual NFPA Standard: NFPA 101, 19.3.6.2.1*</p>	K 017	<p>the deficiency had the potential to impact two (2) of seven (7) smoke compartments, 16 residents, staff and visitors. The construction of the required separation will eliminate this potential impact for all occupants indicated. Construction completion will be reported to the Safety Committee. We are requesting an extension on this project with a plan to complete by 7/3/15.</p>	7/3/15
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K 017	Continued From page 3 Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces, and they shall have a fire resistance rating of not less than 1/2 hour. Exception No. 1:* In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. Exception No. 2: Existing corridor partitions shall be permitted to terminate at ceilings that are not an integral part of a floor construction if 5 ft (1.5 m) or more of space exists between the top of the ceiling subsystem and the bottom of the floor or roof above, provided that the following criteria are met (a) The ceiling shall be part of a fire-rated assembly tested to have a fire resistance rating of not less than 1 hour in compliance with the provisions of 8.2.3.1. (b) The corridor partitions form smoketight joints with the ceilings (joint filler, if used, shall be noncombustible). (c) Each compartment of interstitial space that constitutes a separate smoke area is vented, in a smoke emergency, to the outside by mechanical means having sufficient capacity to provide not less than two air changes per hour but, in no case, a capacity less than 5000 ft <sup>3</sup> /min (2.36 m <sup>3</sup> /s). (d) The interstitial space shall not be used for storage. (e) The space shall not be used as a plenum for	K 017		

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K 017	Continued From page 4 supply, exhaust, or return air, except as noted in 19.3.6.2.1(3). Exception No. 3:* Existing corridor partitions shall be permitted to terminate at monolithic ceilings that resist the passage of smoke where there is a smoketight joint between the top of the partition and the bottom of the ceiling.  Actual NFPA Standard: NFPA 101, 19.3.6.2.2* Corridor walls shall form a barrier to limit the transfer of smoke.  Actual NFPA Standard: NFPA 101, 19.3.6.2.3 Fixed fire window assemblies in accordance with 8.2.3.2.2 shall be permitted in corridor walls. Exception: There shall be no restrictions in area and fire resistance of glass and frames in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2.  Actual NFPA Standard: NFPA 101, 19.3.6.3 Corridor Doors.  Actual NFPA Standard: NFPA 101, 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms,	K 017			

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K 017	Continued From page 5 bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.  Actual NFPA Standard: NFPA 101, 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.  Actual NFPA Standard: NFPA 101, 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted.  Actual NFPA Standard: NFPA 101, 19.3.6.3.4 Door-closing devices shall not be required on doors in corridor wall openings other than those serving required exits, smoke barriers, or enclosures of vertical openings and hazardous	K 017		

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K 017	Continued From page 6 areas.	K 017		
K 025 SS=F	<p>Actual NFPA Standard: NFPA 101, 19.3.6.3.5 Nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain smoke barriers to resist the passage of smoke. The deficient practice affected seven (7) of seven (7) smoke compartments, staff and all residents. The facility has the capacity for 37 beds with a census of 35 on the day of survey.</p> <p>Findings include:</p> <p>1. Observation during a tour of the facility on 02/18/15 at 11:05 AM with the Environmental Supervisor, revealed the smoke wall, extending above the ceiling, located at the janitor closet</p>	K 025	<p>1. The smoke wall, extending above the ceiling located at the janitor closet next to the oxygen storage will be sealed to prevent the passage of smoke from one barrier to the other. The section of wall that was removed will be replaced and sealed to prevent the passage of smoke from one barrier to the other. This will be completed by 4/3/15.</p>	4/3/15



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K 025	Continued From page 8 The census of 35 was verified by the Administrator on 02/18/15. The findings were acknowledged by the Administrator and verified by the Environmental Supervisor at the exit interview on 02/18/15.  Actual NFPA Standard: NFPA 101 (2000 ed.), 8.3.6.1. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: 1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. 2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. 3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose.  Actual NFPA Standard: NFPA 101, 8.3.6.2.	K 025	Smoke walls will be repaired in accordance with applicable NFPA standards by Wallen Construction and our Environmental Services Director. As indicated, the deficiency had the potential to impact the facility with a capacity of 37 beds with a census of 35 on the day of the survey. The repairs will eliminate this potential impact for all residents identified. Smoke barriers will be randomly audited by Environmental Services Director, or designee 1X a month for 3 months, then annually thereafter to ensure compliance. Any incidents of non-compliance will be reported to the Safety Committee.	

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K 025	Continued From page 9 Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose.	K 025		
K 056 SS=D	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 it was determined the facility failed to ensure the building had a complete sprinkler system. The deficient practice affected one (1) of seven (7) smoke compartments, staff and 17 residents. The facility has the capacity for 37 beds with a census of 35 on the day of survey.  Findings include:	K 056		

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K 056	Continued From page 10  Observation during a tour of the facility on 02/18/15 at 12:38 PM with the Environmental Supervisor, revealed the porch located at the 100 Wing exit extending six (6) feet off the building made of combustible framing with no sprinkler protection located under the exterior roof.  Interview, on 02/18/15 at 12:39 PM with the Environmental Supervisor, revealed the facility was unaware the porch was not properly sprinkler protected.  The census of 35 was verified by the Administrator on 02/18/15. The findings were acknowledged by the Administrator and verified by the Environmental Supervisor at the exit interview on 02/18/15.  Actual NFPA Standard: NFPA 101 (2000 edition), 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as non-sprinklered.  Actual NFPA Standard: NFPA 101, 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the	K 056	We are contracting with Building Sprinkler Incorporated to install a sprinkler at the porch located at the 100 wing exit under the exterior roof. Mechanical plans for installation will be available upon request. As indicated, the deficiency had the potential to impact one (1) of seven (7) smoke compartments, staff and 17 residents. The installation of the required sprinkler will eliminate this potential impact for all occupants indicated. We are requesting an extension on this project with a plan to complete by 7/3/15. An inspection of the entire exterior has been completed by Environmental Services Director to ensure that all other overhangs are in compliance. Once installed,	

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K 056	<p>Continued From page 11</p> <p>Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code.</p> <p>Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code.</p> <p>Actual NFPA Standard: NFPA 13 (1999 edition), 5-13.8.1. Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width.</p> <p>Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to meet the requirements for the emergency power system. The deficient practice affected seven (7) of seven (7) smoke compartments, staff and all residents. The facility</p>	K 056	<p>the sprinkler will be included in the NFPA required inspections of the sprinkler system.</p>	7/3/15
K 144 SS=F		K 144		

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

PRINTED: 03/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435074	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/18/2015
NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY DE SMET			STREET ADDRESS, CITY, STATE, ZIP CODE 411 CALUMET AVENUE NW DE SMET, SD 57231	
(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 144	<p>Continued From page 12</p> <p>has the capacity for 37 beds with a census of 35 on the day of survey.</p> <p>Findings include:</p> <p>A review of the facility ' s generator maintenance records for the 12 months prior to the survey on 02/18/15 at 11:05 AM with the Environmental Supervisor, revealed no annual load bank test performed on the diesel emergency generator with no documentation of the transferred load voltage. Further review revealed the last documented load bank test was completed in 2010</p> <p>Interview, on 02/18/15 at 11:06 AM with the Environmental Supervisor, revealed the facility was not aware if the diesel generator did not pull thirty (30) percent of their nameplate monthly then an annual load bank test was required.</p> <p>The census of 35 was verified by the Administrator on 02/18/15. The findings were acknowledged by the Administrator and verified by the Environmental Supervisor at the exit interview on 02/18/15.</p> <p>Actual NFPA Standard: NFPA 110 (1999 Ed.) 6-4.2. Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p>	K 144	<p>Generator checks will be done monthly and documentation will show the transferred load voltage. If the diesel generator does not pull at least thirty percent of their nameplate monthly then an annual load bank test will be completed. As indicated, the deficiency had the potential to impact seven (7) of seven (7) smoke compartments, staff and all residents. The implementation of required tests will eliminate this potential impact for all occupants indicated. The administrator or designee will complete audits 1X monthly for three months then at 12 months to assess for compliance and see if an annual load bank</p>	

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY DE SMET			STREET ADDRESS, CITY, STATE, ZIP CODE 411 CALUMET AVENUE NW DE SMET, SD 57231	
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K 144	Continued From page 13 The date and time of day for required testing shall be decided by the owner, based on facility operations.  Actual NFPA Standard: NFPA 110, 6-4.2.1 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.  Actual NFPA Standard: NFPA 110, 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.  S&C Letter 13-58 LSC 3. Emergency Generators and Standby Power Systems Section 9.1.3 of the 2000 LSC requires emergency generators and standby power systems to be installed, tested, and maintained in accordance with 1999 NFPA 110, Standard for Emergency and Standby Power Systems. Section 6-4.2.2 of the 1999 NFPA 110 requires diesel-powered generators that do not meet the monthly testing requirements under section 6-4.2 to be run annually with various loads for a total of two (2) continuous hours. Shorter generator run times will reduce undue cost burden and negative environmental impacts. In the 2010 NFPA 110, the NFPA began to allow for total test duration of one hour and 30 minutes (1-1/2 continuous hours). Accordingly, we are permitting a waiver to allow for a reduction in the annual diesel-powered	K 144	test is required. A load bank test was completed on 3/5/15 which revealed us in compliance with the generator pulling 34% of their nameplate.	3/5/15

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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN SOCIETY DE SMET			STREET ADDRESS, CITY, STATE, ZIP CODE 411 CALUMET AVENUE NW DE SMET, SD 57231		
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K 144	Continued From page 14 generator exercising requirement from two (2) continuous hours to one hour and 30 minutes (1-1/2 continuous hours), but only if the provider/supplier is in compliance with all other applicable 1999 NFPA 110 operational inspection and testing provisions, as well as with section 8.4.2.3 of the 2010 NFPA 110.	K 144			