K 000 INITIAL COMMENTS

Stories: 1  
Construction: Type V (111)  
Constructed: 1963  
K0180: Fully Sprinkled

Certified Beds: 55  
Capacity: 55  
Census: 48

Discharge from Exits  
CFR(s): NFPA 101

Discharge from Exits  
Exit discharge is arranged in accordance with  
7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.  
18.2.7, 19.2.7  
This REQUIREMENT is not met as evidenced by:  
Based on observation and interview, the provider failed to arrange exit discharge as required.

Findings include:

On 7/10/18, at the following location, exit discharge did not meet change in elevation requirements. Abrupt changes in elevation of walking surfaces shall not exceed 1/4 in. (6.3 mm). Changes in elevation exceeding 1/4 in. (6.3 mm), but not exceeding 1/2 in. (13 mm), shall be beveled with a slope of 1 in 2. Changes in elevation exceeding 1/2 in. (13 mm) shall be considered a change in level and shall be subject to the requirements of ramps.

K 271 SS=E

It is the policy of this facility to conduct visual inspections of emergency discharge egress exits to ensure the safety of the employees and residents.

Corrective action will include:  
Correct, reduce and eliminate the elevation changes on the sidewalks utilized for emergency discharge egress to ensure safe evacuation from the facility.  
Completed 7-25-18.

Assurance of on-going compliance:  
Visual inspections will be conducted and documented on a quarterly basis to ensure areas are in good repair and updated in facility preventative maintenance program. Deficient results will be resolved.

Mina Iskandr, MPA, LNHA  
Administrator  
7-26-18
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

GOOD SAMARITAN SOCIETY CANISTOTA
700 WEST MAIN ST
CANISTOTA, SD  57012

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

K 271 Continued From page 1
- Outpatient therapy ¾ inch drop at concrete pad, ½ inch sidewalk
- Dining room, ½ inch drop
- Lounge, ½ inch outside of exit door

Ref: 2012 NFPA 101 Section 19.2.7, 7.7.4, 7.1.6.2

The Environmental Services Director was present when the deficiency was identified.

Failure to arrange exit discharge as required increases the risk of death or injury due to fire.

The deficiency affected an estimated three of eight exit discharges.

K 291 SS=E

Emergency Lighting
CFR(s): NFPA 101

Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to provide emergency lighting as required.

Findings include:

On 7/10/18, records indicated that the annual 90 minute test of battery powered emergency lights testing had not been conducted as required.
Ref: 2012 NFPA 101 Section 19.2.9.1, 7.9.3.1.1

On 7/10/18, the required monthly testing and recording of electrolyte specific gravity or conductance results (Reserve Capacity, "RC") of
### Statement of Deficiencies and Plan of Correction

#### Provider/Supplier/CLIA Identification Number:

435087

#### Provider or Supplier Name:

GOOD SAMARITAN SOCIETY CANISTOTA

#### Street Address, City, State, Zip Code:

700 WEST MAIN ST
CANISTOTA, SD  57012

#### Date Survey Completed:

07/10/2018

### Summary Statement of Deficiencies

#### K 291

Continued From page 2

the lead acid batteries in connection with the emergency power supply system (generator) were not completed as required. The emergency power supply system provides power for emergency lighting.

Ref: 2012 NFPA 101 Section 19.2.9.1, 7.9.2.4, 4.6.12.1; 2010 NFPA 110 Section 8.3.7.1

The Environmental Services Director 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 two of numerous requirement for emergency lighting affecting the building.

#### K 293

Exit Signage
CFR(s): NFPA 101

Exit Signage
2012 EXISTING
Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1

(Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.)

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to mark the means of egress as required.

Findings include:

On 7/10/18, exit access was marked incorrectly with visible signs at the following locations.

#### K 291


It is facility policy to ensure that the generator battery is fully functional. A generator battery conductance test will be completed on a monthly basis. Scheduled completion date: 7-27-18.

Assurance of ongoing compliance: results of testing will be updated in facility preventative maintenance program, and deficient results resolved.

---

#### K 293

It is the policy of this facility to ensure exit signage complies with NFPA requirements. Corrective action will include: removal of exit signage incorrectly placed at fire egresses. A contractor was consulted and will report to the facility to remove the signage by 7/27/18.

Assurance of ongoing compliance: Existing egress signage and routes will be reviewed on a regular basis to ensure egress routes and signage meet NFPA requirements.
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K 293</strong></td>
<td></td>
<td>Continued From page 3</td>
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<tr>
<td></td>
<td></td>
<td>- Locked door to restorative therapy in dining room, not needed for means of egress</td>
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<tr>
<td></td>
<td></td>
<td>Ref: 2012 NFPA 101 Section 19.2.10.1, 7.10.1.5.1</td>
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<tr>
<td></td>
<td></td>
<td>The Environmental Services Director was present when the deficiency was identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Failure to mark the means of egress as required increases the risk of death or injury due to fire.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The deficiency one of numerous exit signs in the building.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</td>
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<tr>
<td></td>
<td></td>
<td>This REQUIREMENT is not met as evidenced by:</td>
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<tr>
<td></td>
<td></td>
<td>Based on observation and interview, the facility failed to test the fire alarm system as required.</td>
</tr>
<tr>
<td><strong>K 345</strong></td>
<td>SS=E</td>
<td>Findings include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 7/10/18, device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the following information, device type, address, location, and test result as required.</td>
</tr>
</tbody>
</table>

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<tr>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K 293</strong></td>
<td></td>
<td>K 293 It is the policy of the facility to continuously maintain in reliable operating condition Fire Alarm Systems and to ensure Fire Alarm Systems are inspected, tested, and maintained periodically.</td>
</tr>
<tr>
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<td></td>
<td>Corrective Action:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service provider was contacted to obtain itemized list from most recent test to include strobes and horns, and informed of need for itemized list for all future tests.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Completed on: 7-19-18</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier:**
GOOD SAMARITAN SOCIETY CANISTOTA

**Street Address, City, State, Zip Code:**
700 WEST MAIN ST
CANISTOTA, SD  57012

**Provider's Plan of Correction**
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
| K 345 | Continued From page 4  
- Notification devices, 13 strobes, 11 horn strobes  
Ref: 2012 NFPA 101 Section 19.3.4.1, 9.6.1.5;  
2010 NFPA 72 Section 14.6.2.4, Figure 14.6.2.4  
Section 7.12-7.14 and page 11 of 11)  
The Environmental Services Director was present when the deficiency was identified.  
Failure to test the fire alarm system as required increases the risk of death or injury due to fire.  
The deficiency affected one of numerous tests affecting the building.  
Evacuation and Relocation Plan  
CFR(s): NFPA 101  
Evacuation and Relocation Plan  
There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.  
Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.  
18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2,  
18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2,  
19.7.2.2, 19.7.2.3  
This REQUIREMENT is not met as evidenced by:  
Based on observation and interview, the facility failed to provide a fire plan as required.  
Findings include:  
| K 345 | Assurance of ongoing compliance: Environmental Services Director will schedule and ensure that future inspection/testing/maintenance is performed to meet this requirement, which will include receiving an itemized report from the contracted company. This will be updated in our preventative maintenance program.  
| K 711 | It is the policy of the facility to conduct Fire Evacuation plan training exercises to protect our residents.  
Corrective actions will include: updating facility emergency procedures, plan with policy/procedure regarding the evacuation of smoke compartments, and requirement for 911 call in the event of a fire. Completed: 7-26-18  
Assurance of ongoing compliance: emergency procedures will be reviewed and updated on an annual basis or as needed.  
|
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 435087

**State:** SD

**Date Survey Completed:** 07/10/2018

### Summary Statement of Deficiencies

### K 711

**ID:** K 711

**Prefix:** Continued From page 5

**Tag:**

- On 7/10/18, the fire plan did provide for evacuation of smoke compartment as required.

- On 7/10/18, the fire safety plan did provide for emergency phone call to fire department as required.

  Ref: 2012 NFPA 101 Section 19.7.1.1, 19.7.2.2

  The Environmental Services Director 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 two of nine required provisions.

### K 712

**ID:** K 712

**Prefix:** SS=E

**Tag:**

- **Fire Drills**

  **CFR(s):** NFPA 101

  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:

  - Based on observation and interview, the facility failed to conduct fire drills as required.

  **Findings include:**

  **Corrective action:** schedule drill in accordance with NFPA guidelines, ensuring drills are conducted at varying times allowing for a minimum of 2 hours difference from previous quarter drill.

  **Assurance of ongoing compliance:**

  The Environmental Services Director will review previous drill documentation to verify drills meet NFPA requirements.

  **7-26-18**
## Good Samaritan Society Canistota

### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
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<th>Summary Statement of Deficiencies</th>
<th>Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 712</td>
<td>Continued From page 6</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>K 923</td>
<td>Corrective action: O2 storage room de-cluttered to allow for at least 5 feet of clearance between O2 tanks and combustible materials. Completed: 7/24/18.</td>
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<td></td>
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</table>

**On 7/10/18, fire drills were not conducted as required in the past year as noted below. Fire drills are required to be conducted quarterly on each shift under varied conditions. Time of day is one of the conditions that must be varied.**

- AM drills conducted at 10:00am, 10:15AM, 10:30AM, 10:15am in the past year
- PM drills conducted at 2:50PM, 3:30Pm, 2:45P, 3:15Pm in the past year

Ref: 2012 NFPA 101 Section 19.7.1.6

The Environmental Services Director 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 two of three shifts.

### Corrective Action:

**O2 storage room de-cluttered to allow for at least 5 feet of clearance between O2 tanks and combustible materials.**

Completed: 7/24/18.

Staff were educated on this requirement on 7/24/18.

Assurance of on-going compliance: Environmental Services Director will conduct routine inspections to assure proper usage/storage procedures are being followed.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

435087

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING _____________________________

(X3) DATE SURVEY COMPLETED

07/10/2018

NAME OF PROVIDER OR SUPPLIER

GOOD SAMARITAN SOCIETY CANISTOTA

STREET ADDRESS, CITY, STATE, ZIP CODE

700 WEST MAIN ST
CANISTOTA, SD  57012

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

K 923 Continued From page 7

1/2 hr. fire protection rating.
Less than or equal to 300 cubic feet
In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."
Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.
11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)
This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to protect medical gas storage as required.

Findings include:

On 7/10/18, combustible materials were found to be stored adjacent to and within 5 feet of oxygen cylinders in a storage area protected with automatic fire sprinklers at the following locations. The minimum 5 feet of separation between combustibles and oxygen storage was not maintained as required in this area protected with automatic fire sprinklers.
<table>
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<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 923</td>
<td>Continued From page 8</td>
<td>Battery chargers, oxygen concentrators</td>
<td>Ref: 2012 NFPA 99 Section 11.3.2.3</td>
<td>K 923</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The Environmental Services Director was present when the deficiency was identified.

Failure to protect medical gas storage as required increases the risk of death or injury due to fire.

The deficiency affected one of three some compartments.