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Division of Healthcare Access & Quality and Health Protection

Health Protection

Licensure and Certification

Public Health Preparedness and Response

Rural Health

DATE: April 28, 2021

TO: The Glory House

RE: Compliance Survey conducted on March 30, 2021

BY: Chad Meirose, Medical Facilities Engineer

CC: Muriel J. Nelson
Program Manager, Office of Licensing and Accreditation
Department of Social Services

CLASSIFICATION: Substance Use Disorders

CODE STANDARDS: Administrative Rules of South Dakota 67:61 – Substance Abuse Disorders
National Fire Protection Association Code 101 Life Safety Code, 2000
Edition, chapters 1-10 inclusive and chapter 39.

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:61.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by May 28, 2021.** Please indicate staff position or titles, not personal names, in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following: Muriel.nelson@state.sd.us, chris.kenyon@state.sd.us and cindy.koopmanviergets@state.sd.us

If you have questions regarding the survey, please do not hesitate to contact the Department of Health.

The Glory House, 4000 S West Ave, Sioux Falls, SD 57105

1. The mechanical room in the east building basement housed a water heater with a heating fuel input greater than 200,000 British Thermal Units (BTU). Any water heating device with an input rating greater than 200,000 is classified as a boiler. Per ARSD 61:08 all boilers require inspection and certification. The water heater found in that location had a BTU input of 275,000 and was not being inspected as a boiler as required.

Plan of correction:

Date of plan of correction:

Position responsible:

Agency Signature: _____

Date: _____

The Glory House, 4000 S West Ave, Sioux Falls, SD 57105

1. The mechanical room in the east building basement housed a water heater with a heating fuel input greater than 200,000 British Thermal Units (BTU). Any water heating device with an input rating greater than 200,000 is classified as a boiler. Per ARSD 61:08 all boilers require inspection and certification. The water heater found in that location had a BTU input of 275,000 and was not being inspected as a boiler as required.

Plan of correction: Glory House had an inspection completed by the office of State Fire Marshall Office, Inspector Aaron Warner on 5-25-2021. See attached document.

Date of plan of correction: 5-28-2021 response provided.

Position responsible: Maintenance staff

Agency Signature: David R Johnson

Date: 5-28-2021



**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
BOILER INSPECTION REPORT # SDJ6218**

Date Inspected * 5-25-21	Cert Exp Date * _____	Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jurisdiction Number *	Owner Number	NB Number	Policy / Other Number	
Owner			Nature Of Business		Kind of Inspection * <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner Street Address			Owner City		State	Zip	
User Name - Object Location Stone house			Specific Location in Plant Basement		Object Location - County		
User Street Address 4000 S WEST AVE			User City SIOUX FALLS	State SD	Zip 57105	Location Telephone	
Type HWH	Year Built 2014	Manufacturer AO Smith		ASME Code * OTH	MAWP * 160 psi		
Use HWS	Fuel nat	Method of Firing Atmos		Emergency Shut Off Switch Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed	This Inspection psi	Prev Inspection psi	Safety Relief Valves Set At * 150	psi	Passed Safety Relief Valve Test? <input type="checkbox"/> Not Tested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is condition of object such that a certificate may be issued? (If No, explain fully under condition)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hydro Test <input type="checkbox"/> Yes _____ psi Date _____ <input checked="" type="checkbox"/> No	

CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.

FREQUENTLY USED VIOLATIONS. CHECK ANY THAT APPLY. DENOTE ADDITIONAL VIOLATIONS OR COMMENTS IN THE SECTION BELOW.

- | | |
|--|---|
| <input type="checkbox"/> Emergency Shutoff Switch not located in boiler room. | <input type="checkbox"/> Owner failed to disconnect all utilities from unused boiler. |
| <input type="checkbox"/> State certificate not posted in boiler room. | <input type="checkbox"/> SRV not sized to boiler BTU output. |
| <input type="checkbox"/> SRV not tested, nor no log sheet of testing. | <input type="checkbox"/> No valid operation certificate on boilers in use. |
| <input type="checkbox"/> Combustibles located against or too close to boiler. | <input type="checkbox"/> No prior inspection by state inspector on new boiler installation. |
| <input type="checkbox"/> Contractor failed to notify State of new blr installation prior to startup. | <input type="checkbox"/> State inspector not notified of boiler removal from installation. |
| <input type="checkbox"/> No mfg date report sent to state on new boilers coming into state from contractors. | <input type="checkbox"/> No safety tests performed prior to placing new boiler on line where public has access. |

REQUIREMENTS: (List of Code Violations)

Name and Title of Person To Whom Requirements Were Explained

SIGNATURE BELOW CERTIFIES THIS IS A TRUE REPORT OF MY INSPECTION

	Inspector Name Aquan Longino	NB Number 14702	Employed By STATE OF SD	SD Comm 5050
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RETURN THIS PORTION WITH YOUR PAYMENT WITHIN 30 DAYS OF INSPECTION DATE

Send Payment To:
OFFICE OF FIRE MARSHAL - BOILER INSPECTION
221 S. CENTRAL AVENUE
PIERRE, SD 57501

CERTIFICATE INSPECTION FEE 10.
OPERATION CERTIFICATE FEE 40.
TOTAL AMOUNT DUE 50.
 PAID CASH CHECK CREDIT

REPORT # SDJ6218 / DATE INSP 5-25-21