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

The purpose of this survey was to conduct an initial survey, evaluate the operation, and

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:** 

   **Date:** 5-28-2021
**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY**

**BOILER INSPECTION REPORT # SDJ-16215**

<table>
<thead>
<tr>
<th>Date Inspected</th>
<th>Cert Exp Date</th>
<th>Certificate Posted</th>
<th>Jurisdiction Number</th>
<th>Owner Number</th>
<th>NB Number</th>
<th>Policy / Other Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-25-01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Nature Of Business</th>
<th>Kind of Inspection</th>
<th>Cert Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Street Address</th>
<th>Owner City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>User Name - Object Location</th>
<th>Specific Location in Plant</th>
<th>Object Location - County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Story House</td>
<td>Basement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>User Street Address</th>
<th>User City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>4100 S West Ave</td>
<td>Sioux Falls</td>
<td>SD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Year Built</th>
<th>Manufacturer</th>
<th>ASME Code</th>
<th>MAWP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWS</td>
<td>2014</td>
<td>AO Smith</td>
<td>1/60</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fuel</th>
<th>Method of Firing</th>
<th>Emergency Shut Off Switch Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pressure Allowed</th>
<th>This Inspection</th>
<th>Prev Inspection</th>
<th>Safety Relief Valves Set At</th>
<th>Passed Safety Relief Valve Test?</th>
<th>Hydro Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>psi</td>
<td>psi</td>
<td>psi</td>
<td>psi</td>
<td>psi</td>
<td>psi</td>
</tr>
<tr>
<td>150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is condition of object such that a certificate may be issued?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If No, explain fully under condition)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**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, ripples, 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.**

- Emergency Shutoff Switch not located in boiler room.
- SRV not tested, nor no log sheet of testing.
- Combustibles located against or too close to boiler.
- Contractor failed to notify State of new bwr installation prior to startup.
- No mfg date report sent to state on new boilers coming into state from contractors.
- Owner failed to disconnect all utilities from unused boiler.
- SRV not sized to boiler BTU output.
- No valid operation certificate on boilers in use.
- No prior inspection by state inspector on new boiler installation.
- State inspector not notified of boiler removal from installation.
- 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**

[Signature]

Inspector Name

[Signature]  

NB Number

Employed By

SD Comm

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

REPORT # SDJ-16215 / DATE INSP 5-25-01

CERTIFICATE INSPECTION FEE 10:

OPERATION CERTIFICATE FEE 40:

TOTAL AMOUNT DUE 50:

[ ] PAID  [ ] CASH  [ ] CHECK  [ ] CREDIT