

To: Susan Kornder
Northeastern Mental Health Center
14 South Main Aberdeen, SD 57401

From: Chris Qualm, Administrator
Office of Health Care Facilities Licensure and Certification
615 East 4th St.
Pierre, SD 57501-1700

Re: Compliance Survey conducted 1/16/2018

By: Derek Schiefelbein, Sr. Health Facilities Surveyor

Classification and Address: Northeastern Mental Health Center
1005 1st St West Suite 4B
Redfield, SD

14 S Main St,
Aberdeen, SD

101 West 11th Ave
Webster, SD

210 E Grand Crossing
Mobridge, SD

Survey Type: Environmental Sanitation, Safety and Fire Prevention Accessibility

Code Standards: Administrative Rules of South Dakota (ARSD) 67:62
National Fire Protection Association Code 101 "Life Safety Code" (LSC)
2000 Edition, chapters 1-7 inclusive & chapter 32
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

Cc: Mary LeVee, Department of Social Services
Division of Behavioral Health Services

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:62.

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 March 21,**

2018. 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: Mary.levée@state.sd.us, Heidi.gravett@state.sd.us and derek.schiefelbein@state.sd.us.

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

1005 First St West, Suite 4B Redfield-Business Occupancy (leased)

1. The suite doors were provided with double-action hardware. When locked the doors would need to be unlocked before they could be opened. Double-action hardware would impede egress in the event of an emergency. Place a sign on the doors that reads “Doors will be unlocked during business hours.”

Date of correction/Plan of correction:

A sign will be placed on the doors reading “Doors will be unlocked during business hours”. Our administrative assistant will make and have it hung by April 1, 2018.

2. Fire extinguishers need to be inspected and retagged annually and signed off monthly. Last inspection was October 2016.

Date of correction/plan of correction:

A letter was sent to our landlord to request that this be completed and signed off monthly. Letter is attached.

14 South Main Street, Aberdeen – Business Occupancy (leased)

3. Based on the tag on the sprinkler riser, the last building sprinkler inspection was November 24, 2015. No other paperwork could be produced at the time of survey.

Date of correction/ plan of correction:

We received the document showing that this has been completed you will find it in the attachments. Additionally, we brought to their attention that this needs to be completed annually.

101 West 11th Ave. Webster – (Webster Armory) - Business Occupancy (leased)

4. Fire extinguishers need to be inspected and retagged annually and signed off monthly. Last inspection was August 2016.


Date of correction/Plan of correction:

A letter was sent to our landlord to request that this be completed and signed off monthly. Letter is attached.

210 East Grand Crossing, Mobridge – Business Occupancy (leased)

ARSD 46:20:17:02

1. No deficiencies noted at this address.

Agency Signature:  _____

Date: 3-9-10 _____



Northeastern
MENTAL HEALTH CENTER

14 South Main Street, Ste. 1E | Aberdeen, SD 57401
(605) 225-1010 | www.nemhc.org

March 9, 2018

Dear Mr. Block,

Recently we had an Environmental sanitation, safety and fire prevention accessibility compliance survey completed by the State Department of Health. They have noted a few items that were out of compliance. Due to our lease, I am writing to request the following items meet the standards of the Department of Health.

1. Fire extinguishers need to be inspected and retagged annually and signed off monthly. Last inspection was August 2016.

We appreciate your attention to this matter and will notify the Department of Health of our request for you to meet this standard. Please contact me if you have any further questions.

Respectfully,

Susan Kornder
Executive Director



Northeastern
MENTAL HEALTH CENTER

14 South Main Street, Ste. 1E | Aberdeen, SD 57401
(605) 225-1010 | www.nemhc.org

March 9, 2018

Dear Mr. Fischbach,

Recently we had an Environmental sanitation, safety and fire prevention accessibility compliance survey completed by the State Department of Health. They have noted a few items that were out of compliance. Due to our lease, I am writing to request the following items meet the standards of the Department of Health.

1. Fire extinguishers need to be inspected and retagged annually and signed off monthly. Last inspection was October of 2016.

We appreciate your attention to this matter and will notify the Department of Health of our request for you to meet this standard. Please contact me if you have any further questions.

Respectfully,

Susan Kornder
Executive Director

Mar 07 2018 3:46PM HP LASERJET FAX



BUILDING SPRINKLER INC.

P.O. Box 1750 • 47187 Wild Clover Circle
Sioux Falls, SD 57107
Tel 605-334-1880 • Fax 605-543-5529

REPORT OF INSPECTION

Annual

SHEET 1 OF 2 - Use separate sheet for each building inspection

Inspection Report No. *85183*

Conferred With *KUT*

Inspection Contract No.

Bureau File No. *2011-R14-3260*

REPORT TO *Blackstone Building* BUILDING OR LOCATION
STREET
CITY & STATE *Aberdeen, SD* INSPECTOR *SLH*
DATE *1/23/18*

Owner's Section (To be answered by Owner or Occupant)

- A. Explain any occupancy hazard changes since the previous inspection.
 - B. Describe fire protection modifications made since last inspection.
 - C. Describe any fires since last inspection.
 - D. When was the system piping last checked for stoppage, corrosion or foreign material?
 - E. When was the dry-piping system last checked for proper pitch?
 - F. Are dry valves adequately protected from freezing?
- Signature *[Signature]* Title _____ Date _____

Inspector's Section (All responses reference current inspection) NA = NOT APPLICABLE

- 1. General
 - a. Is the building occupied? Yes No
 - b. Are all systems in service? Yes No
 - c. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and the sprinkler deflectors? Yes No
 - d. Does all electrical heat tape appear to be satisfactory? Yes No NA
 - e. Does the hand hose on the sprinkler system(s) appear to be satisfactory? Yes No NA
- 2. Control Valves (See Item 15.)
 - a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? Yes No
 - b. Are all control valves in the open position locked, sealed or equipped with a tamper switch? Yes No
- 3. Water Supplies (See Item 16.)
 - a. Was a water flow test of main drain made at the sprinkler riser(s)? Yes No *Discharges up to main 5'*
- 4. Tanks, Pumps, Fire Department Connections
 - a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? Yes No NA
 - b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? Yes No NA
 - c. Are they accessible and visible? Yes No NA
- 5. Wet Systems *Wet zone*
 - a. Are cold weather valves in the appropriate open or closed position? Yes No NA
 - b. Have antifreeze system solutions been tested? Yes No NA
 - c. Were the antifreeze test results satisfactory? Yes No NA
- 6. Dry Systems (See Items 11 to 13.)
 - a. Are dry valve(s) in service? Yes No NA
 - b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? Yes No NA
 - c. Has the operation of the air or nitrogen supplies been tested? Yes No NA
 - d. Were low points drained during this inspection? Yes No NA
 - e. Did quick-opening devices operate satisfactorily? Yes No NA
 - f. Did the dry valve(s) trip properly during the trip pressure test? Yes No NA
 - g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? Yes No NA
- 7. Special Systems (See Item 14.)
 - a. Did the deluge or pre-action valves operate properly during testing? Yes No NA
 - b. Did the heat-responsive devices operate properly during testing? Yes No NA
 - c. Did the supervisory devices operate during testing? Yes No NA
- 8. Alarms
 - a. Did water motor(s) and gong(s) test satisfactorily? Yes No NA
 - b. Did electric alarm(s) test satisfactorily? Yes No NA
 - c. Did supervisory alarm service test satisfactorily? Yes No NA
- 9. Sprinklers
 - a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge? Yes No
 - b. Are sprinklers less than 50 years old? (Older sprinklers require sample testing) Yes No
 - c. Are quick response and residential sprinklers less than 20 years old? (Older sprinklers require sample testing) Yes No
 - d. Is stock of spare sprinklers available? Yes No
 - e. Does the exterior condition of sprinklers appear to be satisfactory? Yes No
 - f. Are sprinklers of proper temperature ratings for their locations? Yes No
- 10. Explain any "No" answers and comments: *Annual inspection of common and accessible areas*



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SHEET 2 OF 2 - Use separate sheet for each system inspection

185183

Annual

Black Stone Bldg

Inspection Report

System No. or Description if multiple systems

Diet @ Town Aberdeen, SD

- 11. Date dry-pipe valve trip tested (control valve partially open) _____ (See Trip Test Table which follows.)
- 12. Date dry-pipe valve trip tested (control valve fully open) _____ (See Trip Test Table which follows.)
- 13. Date quick-opening device tested _____ (See Trip Test Table which follows.)

NA

DRY PIPE OPERATING TEST	DRY VALVE				TRIP TEST TABLE				Q.O.D.			
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	Time to Trip thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated Properly	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO	YES	NO	
Without Q.O.D.												
With Q.O.D.												

- 14. Date deluge or preaction valve tested _____ (See Trip Test Table which follows.)

DELUGE & PREACTION VALVES	TRIP TEST TABLE										
	Operation		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC		Piping Supervised		Detecting media supervised				
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Does valve operate from the manual trip and/or remote control stations				<input type="checkbox"/> YES <input type="checkbox"/> NO							
Is there an accessible facility in each circuit for testing				<input type="checkbox"/> YES <input type="checkbox"/> NO				Method of testing circuits			
MAKE	MODEL	Does each circuit operate supervision (see alarm)		Does each circuit operate valve release		Maximum time to operate release					
		YES	NO	YES	NO	YES	NO				

- 15. See Control Valve Maintenance Table.

To Trip

Control Valve Maintenance Table

1st red val rd

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Condition	Flow Time
City Connection Control Valve	2	4" BFV's	4	7	2	4	OK	
Tank Control Valves	1	4" BFV	4	7	2	4	OK	
Pump Control Valves		Flow Switch only						1-30
Sectional Control Valves	1	4" BFV	4	7	2	4	OK	1-00
System Control Valves	1	4" BFV	4	7	2	4	OK	0-30
Other Control Valves								0-30

- 16. Water Flow Test at Sprinkler Riser

Water Supply Source:

	Date	City Tank	Test Pipe Location	Size of Test Pipe	Static Pressure	Pump Residual (Flow) Pressure
Last Water Flow Test	11/24/13		@ Control	2"	50	43
This Water Flow Test	1/25/18		@ Control	2"	50	45

- 17. Explain any "No" answers and comments:

- 18. Adjustments or corrections made during this inspection: *None*

- 19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: _____

Date: 1/25/18

White - Original • Pink - Office Copy