STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355096	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**03/07/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANETA PARKVIEW HEALTH CTR	**113 5TH ST S ANETA, ND 58212**

(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	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with protection by a dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An addition of Type V (111) construction was attached to the northwest side of the existing building in 2014.	K 000		
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: 1) The circuit disconnecting means shall be accessible only to authorized personnel with a mechanical locking device installed on the fire alarm electrical circuit breaker. NFPA 70, National Electric Code, and NFPA 72, National	K 345	1)A mechanical locking device will be installed on the fire alarm electrical circuit breaker and fire alarm system batteries will have a load voltage test completed. 2)All residents have the potential to be	4/21/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/20/2017

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K 345	Continued From page 1 Fire Alarm and Signaling Code. 10.5.5.2.1, 10.5.5.2.2, 10.5.5.2.3, 10.5.5.2.4. The facility failed to ensure the fire alarm system was continuously maintained in a reliable operating condition. Observation determined the facility failed to provide a locking device on the fire alarm system electrical circuit breaker. Failure to ensure the fire alarm system was protected from accidental disconnection in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected the entire facility. 2) Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72 7-3.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of fire alarm system test records indicated the semiannual load voltage test of the sealed lead acid batteries was not performed as required. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm	K 345	affected. 3)A new locking device was ordered. All work will be completed by the maintenance director prior to completion date. 4)QA of locking device will be completed prior to completion date, weekly X4, monthly X2, and quarterly X3. QA of load voltage testing will be completed by completion date and scheduled semi annually on calendar. Maintenance manager will complete the QA and the QA will be reviewed by the QA coordinator.	

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K 345	Continued From page 2 batteries in the past year. The fire alarm system serves the entire facility.	K 345		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: 1) Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined one (1) sprinkler in the walk-in cooler and one (1) sprinkler in the walk-in	K 353	1)The sprinkler heads in the walk in cooler and freezer will be changed to meet NFPA-13 requirements and quarterly flow of alarm test will be completed. 2)All residents may be affected. 3)Allied will change the sprinkler heads in the walk in cooler and freezer prior to completion date. The maintenance director will conduct a flow test of the sprinkler system prior to completion date. 4)Documentation of the change in sprinkler heads will be reviewed by the QA Coordinator prior to	4/21/17

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K 353	Continued From page 3 freezer located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and walk-in cooler were equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be intermediate-temperature-rated in automatic defrosting walk-in freezers and walk-in coolers. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility. 2) The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review determined quarterly flow alarm tests of the automatic sprinkler system were not completed as required. Records indicated no flow alarm test was documented the past twelve months. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	completion date. No further review will be required. QA of quarterly flow tests will be completed by the maintenance director and reviewed by the QA Coordinator prior to completion date and Quarterly X3.	
K 500 SS=F	NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section	K 500		4/21/17

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K 500	Continued From page 4 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: All fire dampers, smoke dampers, and ceiling dampers shall be operated prior to the occupancy of a building to determine that they function in accordance with the requirements of NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems 2012 Edition. 7.2, 19.3.1.7-19.4.8. The test shall determine that the system has been installed and functions as intended. The operational test shall be conducted under nonfire HVAC airflow conditions as well as static flow conditions. The operational test shall verify that there are no obstructions to the operation of the dynamic combination fire/smoke damper. The operational test shall verify that there is full and unobstructed access to the dynamic combination fire/smoke damper and all listed components. All indicating devices shall be verified to work and report to the intended location. The dynamic combination fire/smoke damper shall also meet the testing requirements contained in Chapter 6 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Following completion of the test, a visual inspection shall be made of the assembly to ensure no obstructions have been introduced.	K 500	1)Damper inspection and testing will be completed. 2)All resident may be affected. 3)Damper inspection and testing will be completed by 3-D prior to completion date and will be placed on calendar every 4 years for completion. 4)Documentation of testing will be obtained by the maintenance director and reviewed by the QA coordinator. No further review will be required.	

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K 500	Continued From page 5 All inspections and testing shall be documented, indicating the location of the fire damper, date(s) of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. Each damper shall be tested and inspected 1 year after installation. Full unobstructed access to the fire or combination fire/smoke damper shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in place if so equipped. The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall not be blocked from closure in any way. The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review by the authority having jurisdiction. Periodic inspections and testing of a combination fire/smoke damper shall also meet the inspection and testing requirements contained in Chapter 6	K 500		

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K 500	Continued From page 6 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. The test and inspection frequency shall be every 4 years, except in hospitals, where the frequency shall be every 6 years. Maintenance of fire dampers includes: (1) Fusible links shall be removed. (2) All dampers shall be operated to verify that they close fully. (3) The latch, if provided, shall be checked. (4) Moving parts shall be lubricated as necessary. Records review determined the facility failed to complete and document a comprehensive damper inspection and maintenance program. Failure to develop and implement the fire and smoke damper inspection and maintenance program increases the risk of injury and death due to fire. This deficiency affected three (3) of three (3) smoke compartments.	K 500		
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	K 901		4/21/17

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K 901	Continued From page 7 This STANDARD is not met as evidenced by: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment procedure. NFPA 99, 4.1, 4.2. The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	1)A formal and documented risk assessment of building systems will be completed by the safety director. 2)All residents have the potential to be affected. 3)Education will be provided to the management staff and at safety meeting on 3/21/17. 4)QA will be completed by the safety director and reviewed by the QA Coordinator and prior to completion date and repeated annually.	
K 911 SS=F	NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This STANDARD is not met as evidenced by: Maintenance and testing of the emergency generator lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall	K 911	1)Testing of the emergency generator lead-acid batteries will be completed. 2)All resident may be affected. 3)Battery conductance testing will be completed	4/21/17

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K 911	Continued From page 8 be permitted in lieu of the testing of specific gravity when applicable or warranted. NFPA 110, Standard for Emergency and Standby Power Systems. 8.3.7 and 8.3.7.1. The facility failed to ensure maintenance of emergency generator batteries included recording the value of the specific gravity. Failure to install, test, and maintain emergency power equipment in accordance with NFPA 110 increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) emergency power generator, which provides all emergency power to the facility.	K 911	monthly by the maintenance director. 4)QA will be conducted monthly X3, and quarterly X3 by the maintenance director and reviewed by the QA Coordinator.	