STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355096	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/11/2016**

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

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K 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). 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. The 2014 addition was surveyed using Chapter 18 of the Life Safety Code.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or	K 029	K029 1)Corrective action was accomplished by installing self-closing/automatic latching hardware to the doors of the soled utility rooms in the special care unit and 100 wing. 2)All residents may be affected. 3)All work was completed by the	5/26/16

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

Electronically Signed | 04/26/2016

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K 029	Continued From page 1 automatic-closing. 19.3.2.1 The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined the following doors did not have self-closing hardware. 1) The door to the Soiled Utility Room in the Special Care Unit. 2) The door to the Soiled Utility Room in the 100 Wing. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 029	Maintenance Director on 4/12/16. 4)An audit of the hardware installation will be completed prior to 5/26/16 by the Administrator and reviewed by the QA Coordinator. No further review will be required.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when	K 038	K038 1)Corrective action was accomplished by shortening safety hand rails to ensure doors do not extend more than 7 inches from the wall into the corridor by the Server Room and the Linen Room in the 100 Wing. 2)All residents may be affected. 3)All work was completed by the Maintenance Director and Nor-Son on 4/15/16. 4)An audit of this work will be completed by the Administrator and	5/26/16

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K 038	Continued From page 2 fully opened. 1) The corridor door to the Server Room. 2) The north corridor door to the Linen Room in the 100 Wing. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous corridor doors in the means of egress throughout the facility.	K 038	reviewed by the QA Coordinator prior to 5/26/16. No further review will be required.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. The minimum distance permitted between sprinklers shall comply with the value indicated in the section for each type or	K 056	K056 1)Corrective action was accomplished by removing and plugging one sprinkler head in order to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. 2)All residents may be affected. 3)Work was completed by the Maintenance Director on 4/13/16. 4)An audit of sprinkler work will be completed by the Administrator	5/26/16

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K 056	Continued From page 3 style of sprinkler. NFPA 13 5-5.3.4 The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined two (2) sprinklers in the Pop and Candy Storage Room were closer than the minimum of six feet apart. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056	and reviewed by the QA Coordinator prior to 5/26/16. No further review will be required.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 1) Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NFPA 25 2-3.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.	K 062	K062 1)Corrective action was accomplished by notifying Allied Fire Protection that one sprinkler system gauge was outdated and that the backflow device on the sprinkler system was not tested. 2)All residents may be affected. 3)Allied Fire completed annual inspection, replaced outdated gauge and tested the backflow device on 4/21/16. 4)Maintenance Director will monitor and document the annual inspection and forward paperwork to the QA Coordinator for review prior to	5/26/16

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K 062	Continued From page 4 Observation and record review determined one (1) of three (3) sprinkler system gauges on the old dry automatic sprinkler system was dated 1972 had not been replaced or calibrated within the last five (5) years. The deficiency affected one (1) of two (2) automatic sprinkler systems in the facility. 2) All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate. Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible. NFPA 25 9-6.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review determined no annual back flow preventer test was conducted on the new automatic sprinkler system in the past twelve months. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 062	5/26/16.	

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K 062	Continued From page 5 The gauges and backflow preventer are components of the complete automatic sprinkler systems, which serve the entire facility.	K 062		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 3-4.1.1.15 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there was no remote annunciator located outside of the Generator Room at a work site readily observable by personnel. Failure to ensure emergency generators are in compliance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144	K144 1)Corrective action will be accomplished by purchasing a new generator and installing a new remote annunciator panel. 2)All residents may be affected. 3)A new generator has been purchased and will be installed by a licensed electrician to meet all requriements of NFPA99 and NFPA110. 4)Paperwork will be obtained by the Maintenance Director and reviewed by the QA Coordinator prior to completion date. No further review will be required.	5/26/16