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	05/20/2014

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 19-Existing Health Care Occupancies in compliance with 42CFR 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.	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing and latching door assemblies. Observation determined hazardous areas were not smoke resisting: 1) An attic access door was in the open position	K 029	K029 1. Corrective action was accomplished by 1) The north boiler room attic door has a self closing device and was shut on 5/20/14 during the survey. 2) Extension cord was removed from the north boiler room door during the survey 5/20/14. 3) The 3 open conduit penetrations were sealed during the survey 5/20/14. 4) New boiler room door across from east room #111 was replaced 6/4/14. 2. All residents have the potential to be affected. 3. The Maintenance Director educated the construction foreman on door closures and removal of supplies 5/20/14. 4. QA will be conducted on door closures and ceiling conduit for smoke passage by 7/4/14 then in 6 months. The Maintenance Director will be responsible for completion of QA. QA will be reviewed by the QA Coordinator. 5. Completion date 7/4/14.	7/04/2014

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

Administrator 6/5/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

emailed 6-9-14

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K 029	Continued From page 1 in the the North Boiler Room ceiling. 2) The open attic access door in the the North Boiler Room ceiling did not have a self closing device. 3) The self-closing door to the North Boiler Room was not closed completely due to an extension cord extending through the door opening. The cord in the door opening prevented the door from providing a smoke resisting separation from the remainder of the facility. The cord was removed by the Maintenance Director prior to the exit conference. 4) The North Boiler Room had three (3) open conduit penetrations in the ceiling that were not sealed to prevent the passage of smoke. These penetrations were filled with fire rated putty prior to the exit conference. 5) The door to the Boiler Room across from east Room #111 did not self-close and latch into the door frame. Failure to separate hazardous areas increases the risk of death or injury due to fire. This deficiency affected two (2) of seven (7) hazardous areas.	K 029		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72 National Fire Alarm Code. Review of the fire alarm test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The deficiency affected two (2) of two (2) required load voltage tests of the batteries in the last year. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire.	K 052	K052 1. Corrective action was accomplished be completing voltage testing 5/21/14. 2. All residents may be affected. 3. Semiannual load voltage tests will be scheduled on calendar for reminder to repeat 11/14. 4. Testing of voltage will be completed by the Maintenance Director 5/21/14 and repeated in 11/14. QA will be reviewed by the QA coordinator. 5. Completion date 7/4/14.	7/04/2014
K 062 SS=E	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:	K 062		

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K 062	Continued From page 3 Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. 1) Review of automatic sprinkler system records determined an annual test of the sprinkler system was not documented during the past twelve (12) months. The deficiency affected one of numerous required tests of the automatic sprinkler system. 2) Observation determined sprinklers in Resident Rooms #101, #104, #203 and #206 (4 of 24 resident rooms) located in the bathrooms were less than the minimum of six feet apart. The Maintenance Director acknowledged the findings when the deficiency was identified.	K 062	K062 1. Corrective action was accomplished by 1) Completion of annual inspection of the sprinkler system by Allied 6/2/14. 2) One sprinkler head was capped off in each affected room 5/21/14. 2. All residents may be affected. 3. Proof of scheduled 2015 annual test will be submitted to QA coordinator. No further review of sprinkler heads will be required. 4. The Maintenance Director will complete scheduling of the annual inspection and submit annual paperwork to the QA Coordinator for review. 5. Completion date 7/4/14.	7/04/2014

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K 062	Continued From page 4 Failure to test and inspect the automatic sprinkler system as required increases the risk of death or injury due to fire.	K 062		