STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355096	A. BUILDING **01** B. WING _____	**08/11/2022**

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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E 000	Initial Comments 42 CFR 483.73 K6 PLAN APPROVAL: 1966 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story with partial basement, 1966, Type V (000) unprotected combustible construction. The building has seven (7) smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 8/11/22, following a State Agency Annual Survey on 7/19/22 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Aneta Parkview Health Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 42 CFR 483.73 et seq. (Emergency Preparedness).	E 000		
E 026 SS=F	Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8) §403.748(b)(8), §416.54(b)(6), §418.113(b)(6)(C)(iv), §441.184(b)(8), §460.84(b)(9), §482.15(b)(8), §483.73(b)(8), §483.475(b)(8), §485.542(b)(7), §485.625(b)(8), §485.920(b)(7), §494.62(b)(7). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this	E 026		

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

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E 026	Continued From page 1 section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials. *[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to develop procedures for requesting an 1135 Waiver in the event an emergency forces the facility to provide care at an alternative site. The deficient practice affected seven (7) of seven (7) compartments, staff, and all residents. The facility has a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Records review of the facilities' Emergency Preparedness plan on 8/11/22 at 9:33 a.m. revealed the facility did not have policies or	E 026		

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E 026	Continued From page 2 procedures on how to request an 1135 Waiver in an emergency to provide care at an alternate site. Interview with the Environmental Service Manager on 8/11/22 at 9:33 a.m. revealed that the facility was not familiar with the waiver and the process to request a waiver. The census of 34 was verified by the Environmental Service Manager on 8/11/22. The findings were acknowledged and verified by the Environmental Service Manager during the exit interview on 8/11/22.	E 026		
K 000	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1966 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story with partial basement, 1966, Type V (000) unprotected combustible construction. The building has seven (7) smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 8/11/22, following a State Agency Annual Survey on 7/19/22 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring	K 000		

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K 000	Continued From page 3 Survey, Aneta Parkview Health Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000		
K 346 SS=F	Fire Alarm System - Out of Service CFR(s): NFPA 101 Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to develop a fire watch policy in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility has a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Record review on 8/11/22 at 9:25 a.m. of the facility's fire watch policy revealed a fire watch would be initiated when the sprinkler or fire alarm was out of service for 10 hours. The policy did not compel staff to start a fire watch if the fire alarm was out for more than four (4) hours in a	K 346		

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K 346	Continued From page 4 24-hour period, as required by section 9.6.1.6 of NFPA 101, Life Safety Code. Interview at that time with the Environmental Service Manager revealed the facility was not aware of the unique time requirements for a fire watch based on which system may have been out of service. Interview went on to reveal the facility had recently made the change to the fire watch policy. The census of 34 was verified by the Environmental Service Manager on 8/11/22. The findings were acknowledged and verified by the Environmental Service Manager during the exit interview on 8/11/22. Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.4 Detection, Alarm, and Communications Systems. 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 9.6.1.6* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.	K 346		
K 781 SS=E	Portable Space Heaters CFR(s): NFPA 101	K 781		

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K 781	Continued From page 5 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to prohibit the use of portable space heaters in patient areas. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and nine (9) residents. The facility has a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Observation during the building inspection tour on 8/11/22 at 10:59 a.m. revealed a portable electric fireplace with a heating function in use in the Special Care Unit television room, as prohibited by section 19.7.8 (1) of NFPA 101, Life Safety Code. Interview at that time with the Environmental Service Manager revealed the facility was not aware the portable electric fireplace was considered a portable space-heating device and was not allowed in resident areas. The census of 34 was verified by the Environmental Service Manager on 8/11/22. The findings were acknowledged and verified by the Environmental Service Manager during the exit interview on 8/11/22. Actual NFPA Standard: NFPA 101 Life Safety	K 781		

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K 781	Continued From page 6 Code (2012) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies, unless both of the following criteria are met: (1) Such devices are used only in nonsleeping staff and employee areas. (2) The heating elements of such devices do not exceed 212°F (100°C).	K 781		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES)	K 923		

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K 923	Continued From page 7 STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly store oxygen cylinders. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and no residents. The facility has a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Observation during the building inspection tour on 8/11/22 at 10:31 a.m. revealed the cylinders stored in the Oxygen Storage room were a mix of full and empty cylinders. The empty cylinders were not segregated from the full and not marked to avoid confusion, as required by sections 11.6.5.2 and 11.6.5.3 of NFPA 99, Health Care Facilities Code. Interview at that time with the Environmental Service Manager revealed that empty and full cylinders were stored together, and the facility was not aware of the requirements to segregate and mark the empty cylinders. The census of 34 was verified by the Environmental Service Manager on 8/11/22. The	K 923		

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K 923	Continued From page 8 findings were acknowledged and verified by the Environmental Service Manager during the exit interview on 8/11/22. Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012) 11.6.5 Special Precautions - Storage of Cylinders and Containers. 11.6.5.1 Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. 11.6.5.2.1 When the facility employs cylinders with integral pressure gauge, it shall establish the threshold pressure at which a cylinder is considered empty. 11.6.5.3 Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner.	K 923		