

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355096		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2018	
NAME OF PROVIDER OR SUPPLIER ANETA PARKVIEW HEALTH CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 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 and was protected by an 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 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in			K 347	1) Sensitivity testing of the smoke detectors will be completed. 2) All residents have the potential to be affected. 3) Sensitivity testing will be completed by 3-D Security prior to the completion date. A contract to test sensitivity every 2 years was signed. 4) QA of testing completion and contract will be completed prior to the completion date. Testing will be scheduled per NFPA standards. No further review will be required. The Maintenance Manager will		7/6/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/31/2018

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.

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K 347	Continued From page 1 accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 12/02/2014, exceeding two years from this survey. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 347	complete the QA and the QA will be reviewed by the QA coordinator.		
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall	K 712	1) Fire drill times will be conducted	7/6/18	

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K 712	Continued From page 2 include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. Drills shall be held at expected and unexpected times and under varying conditions to simulate the unusual conditions that can occur in an actual emergency. A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, 4.7.4, 4.7.6 Fire drill records review determined the last four (4) fire drills for the first shift occurred at 9:15 am, 9:15 am, 10:15 am and 11:00 am. The last four (4) fire drills for the second shift occurred at 3:30 pm, 3:05 pm, 4:30 pm, and 6:00pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Three (3) of four (4) first shift fire drills in the past year all occurred at times within 60 minutes of each other in an 8-hour shift. Two (2) of four (4) second shift fire drills in the past year occurred at times within 60 minutes of each other in an 8-hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	greater than 1 hour apart on an 8 hour shift. 2) All residents have the potential to be affected/ 3) Fire drills will be conducted by the Safety Director or Charge Nurse prior to the completion date. Fire drills will be conducted at least 1 hour apart. 4) QA of fire drill times will be completed prior to the completion date and quarterly X3. The Safety Director will complete the QA and the QA will be reviewed by the QA Coordinator.		