STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355053	A. BUILDING **02 - KNIFE RIVER CARE CENTER** B. WING _____	**03/28/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIFE RIVER CARE CENTER	**118 22ND ST NE BEULAH, ND 58523**

(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 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New 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 (111) construction with a partial basement. The building was equipped with an automatic wet and dry sprinkler system with quick response sprinklers designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1. This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with one-hour fire resistive rated partitions and self-closing fire-rated door assemblies. 18.3.2.1 Observation determined: 1) The Southwest Storage Room in the Basement was not separated with one-hour fire rated construction. a) The wall between the Southwest Storage Room and the corridor did not extend to the	K 029	Remaining areas of building are in compliance with 42CFR 483.70 (a) and equipped with an automatic wet and dry sprinkler system with quick response sprinklers designed to meet requirements of NFPA 12 standard for installation of sprinkler systems. Combustible materials removed from both Nursing storage and IT office spaces. Fire rated suspended ceiling will be installed in Nursing Storage room and	5/12/16

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

Electronically Signed | 04/08/2016

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K 029	Continued From page 1 floor/ceiling assembly. b) The door and frame assembly to the Southwest Storage Room did not have a ¾-hour fire rating. 2) The IT Office/Storage Room in the Basement was not separated with one-hour fire rated construction. a) The wall between the IT Office/Storage Room and the corridor did not extend to the floor/ceiling assembly. b) The door and frame assembly to the IT Office/Storage Room did not have a ¾-hour fire rating. Failure to separate hazardous areas increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 029	wood studs between storage and IT office will be painted with Intumescent fire rated paint in all areas above suspended ceiling to provide one hour separation. All flammable/combustible material will be removed from the Southwest Storage room Labeled as Nursing Storage area in the lower level/basement Will provide signage to outside wall in corridor specifying NO FLAMMABLE/COMBUSTIBLE ITEMS TO BE STORED IN ROOM. Wood studs above IT office area between office and corridor will be painted with Intumescent to provide one hour fire rating. Wood studs above ceiling in main hallway between hallway and staff break room will be painted with Intumescent to provide one hour fire rating. Quarterly maintenance schedule will include monitoring of area for non-storage of flammable material in Nursing storage. Maintenance supervisor will submit quarterly report to QAPI committee for review. Completion Date: May 12, 2016	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1.	K 038		5/12/16

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K 038	Continued From page 2 18.2.1, 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 fully opened. 1) The corridor door to the Staff Rest Room in the Whispering Winds Wing. 2) The corridor door to the Housekeeping Room in the Whispering Winds Wing. 3) The corridor door to the Housekeeping Room in the Fruit Blossom Wing. 4) The corridor door to the Housekeeping Room in the Golden Grain Wing. 5) The corridor door to the Housekeeping Room in the Cottonwood Grove Wing. 6) The corridor door to the Housekeeping Room in the Elm Grove Wing. 7) The west corridor door to the Chapel. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. The deficiency affected seven (7) of numerous corridor doors in the means of egress throughout the facility.	K 038	The closure devices for the six corridor doors cited during the survey have all been removed so the doors opened outward into the exit corridors will not extend more than seven (7) inches from the wall when fully opened. Completion date- April 8, 2016 The hand rail to the east of the west corridor door leading into the chapel will be cut back eliminating the restriction for the door not extending more than the seven (7) inches from the wall when fully opened. Completion date- May 12, 2016 All doors in facility will be checked to insure 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 opened. Quarterly maintenance schedule will include monitoring of self-closing devices to insure closing devices pull doors closed to the latched position. A Quarterly Maintenance schedule will be performed by maintenance personnel, monitored by the Maintenance Supervisor and reported to Quality Assurance committee on a quarterly basis. Completion Date- May 12, 2016	

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K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 18.7.1.2 The facility failed to conduct fire drills as required. On 03/28/2016, fire drill records indicated the last four (4) fire drills for the PM shift occurred at 6:45 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected four (4) of twelve (12) drills in the past year.	K 050	Next evening fire drill, executed on 03/29/16, was held at 5:30pm, which was more than an hour difference than the evening fire drill from the previous quarter. The fire log for 2015 was checked for varying times on other shifts, and the Risk Manager will ensure that all future fire drills are executed with a varying time of an hour or more. Risk manager, Maintenance manager, Administrator, Director of Nursing, and other department managers who would potentially be responsible for fire drill execution received education on 03/29/16, during the Departmental Supervisor Meeting, regarding the mandate that unexpected times means that fire drill times must vary by an hour or more. Therefore, before any future fire drill is planned, the time log of the	3/29/16

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K 050	Continued From page 4	K 050	previous fire drill held on that shift must be checked to ensure a varying time of an hour or more. Documentation for time, location, and date of fire drills will be kept in the Fire Drill Reports binder, on the KRCC Report of Fire Drills tool (see attached), and the Risk Manager will ensure monthly that the times are varying by an hour or more. Corrective action completion date: March 29, 2016	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. 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. 18.3.5, 18.3.5.1. This STANDARD is not met as evidenced by: Buildings containing health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 18.3.5.1 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.	K 056	See KO29 plan of correction. All flammable/combustible material will be removed from The Southwest Storage room. Will label room with signage indicating NO FLAMMABLE/COMBUSTIBLE ITEMS ALLOWED. Correction of deficiency will include current sprinkler system above Nursing	6/30/16

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K 056	Continued From page 5 Observation and staff interview determined there was no sprinkler coverage above the suspended ceiling in the IT Office/Storage Room that was open to the Southwest Storage Room. 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 areas in the facility.	K 056	Storage area will be turned and installed in conjunction with new suspended ceiling in this area. All other areas of building have fully functioning wet/dry sprinkler systems with appropriate smoke detection in accordance with NFPA 13. Facility maintains preventative maintenance contract with Nova Fire system for quarterly inspections of wet and dry fire suppression systems QAPI will be started in May 2016 to further monitor corrective action taken Completion date- June 30, 2016	