

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

PRINTED: 04/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02-KNIFE RIVER CARE CENT B. WING:	(X3) DATE SURVEY COMPLETED 04/03/2012
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NAME OF PROVIDER OR SUPPLIER

KNIFE RIVER CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

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
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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 in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards.

The facility is located in a one-story building of Type V (111) construction. The building is 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 062 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
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.

Observation determined two (2) combustible canopies above the Courtyard Exits from Whispering Winds Neighborhood (over 4 feet in width) were not protected by the sprinkler system.

K 144 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

Generators are inspected weekly and exercised

K 000 K 062

Nova Fire Protection Systems will add two sprinkler heads to canopies above the Courtyard Exits from Whispering Winds Neighborhood during their quarterly review in May.

K 062

Also during Nova Fire Protection Systems quarterly review we have requested an inspection of all other canopies on facility grounds to assure compliance with NFPA 25 Standard.

The additional sprinkler heads will correct sprinkler system deficiency identified during life safety code survey done on April 3, 2012.

K 144

Power command panel has been ordered and is on site. Cummins N Power has been contacted and the Knife River Care Center has received an invoice for panel and scheduled for installation.

K 144

May 18, 2012

May 18, 2012

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

TITLE

(X6) DATE

ADMINISTRATOR

04-27-12

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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NAME OF PROVIDER OR SUPPLIER KNIFE RIVER CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 144	Continued From page 1 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to maintain the emergency power supply system (EPSS) with all required components and provide a remote system alarm at a work site that is readily observable by personnel. NFPA 110, Standard for Emergency and Standby Power Systems. Observation revealed the facility's emergency power supply (EPS) consisted of a generator located outdoors and an annunciator panel located in the Maintenance Shop. The Maintenance Shop was not continuously occupied and there was no annunciator panel installed at a location that was readily observed by staff.	K 144	Roughrider Electric has been notified of pending electrical wiring requirement to add panel to existing system. New panel annunciator will be located in the Harvest Lane Nurses stations that will be readily observed by nursing staff on a twenty four hour basis. Nursing staff will be instructed on location of new panel and monitoring requirements during the Nurses meeting of June 6th and CNA meeting of May 8th. Knife River Care Center will maintain the emergency power supply system (EPS) with all required components and will provide the remote observable system alarm monitored by nursing personnel. This new panel will be in addition to the current panel located in the Maintenance Shop.	