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 _____	**06/04/2018**

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 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 (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 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this	K 211	Facility will identify, inspect and test all fire rated door assemblies throughout the facility according to the Fire and Smoke Doors policy. The results of the inspections will be documented on the Fire/Smoke Door inspection form. All fire and smoke doors were inspected in the entire facility on June 11, 2018 and	7/19/18

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

Electronically Signed | 06/12/2018

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K 211	Continued From page 1 code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test all fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined not all fire rated door assemblies had been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected numerous fire rated door assemblies throughout the facility.	K 211	findings were documented on the inspection form. Facility will implement new Fire/Smoke detection form to ensure documentation of inspections and testing. All Maintenance personnel received education on the new policy and forms on June 11, 2018. Means of Egress QAPI will be completed on a quarterly basis. The QAPI does include the Annual Fire/Smoke Door Testing and Inspection review. Date of compliance: July 19, 2018	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and	K 351		7/19/18

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K 351	Continued From page 2 sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(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. 1) Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined: a) Three (3) sprinklers in the Shady Lane Housekeeping Storage Room installed within 7 ft. of unit heaters were not high-temperature-rated. b) One (1) sprinkler in the Laundry Dryer Room installed within 7 ft. of unit heaters was not high-temperature-rated.	K 351	The Facility will have a sprinkler contractor change the identified sprinklers to high temperature rated sprinkler heads. The outside awning identified was removed on June 11, 2018. Maintenance personnel along with a contractor will inspect sprinkler heads to ensure the facility is in compliance with the standard. There were no other awnings or other attachments to the outside of the building. Maintenance along with a sprinkler contractor will inspect and monitor sprinkler heads throughout the facility. Documentation of all inspections and tests will be documented on the Sprinkler System QAPI as stated in the Sprinkler System policy. The Facility will not install any items on the exterior areas of building unless an additional sprinkler head for the area has been installed. All Maintenance personnel were trained and educated on the policy and inspection forms on June 11, 2018. A Sprinkler System QAPI will be completed on a quarterly basis to ensure compliance	

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K 351	Continued From page 3 2) A building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas except where specific sections of NFPA 13 permit the omission of sprinklers. Combustible soffits, eaves, overhangs, and decorative frame elements shall not exceed 4 ft 0 in. (1.2 m) in width. NFPA 13 4.1, 8.15.1.2.18.1 Observation determined the attached combustible exterior awning by the Evening Breeze Household Dining Room over 4 feet in width was not protected by the automatic sprinkler system. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected three (3) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	Date of compliance: July 19, 2018	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10	K 355	Maintenance will conduct monthly fire extinguisher inspections as outlined in the Fire Extinguishers Policy. The monthly inspections will be documented on the Fire Extinguisher Monthly Visual	7/19/18

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K 355	Continued From page 4 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined: 1) The pin seal on the portable fire extinguisher in the Boiler Room was broken. 2) The pin seal on the portable fire extinguisher in the corridor by Resident Room 105 was missing. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous portable fire extinguishers in the facility.	K 355	Inspection form. Pin seals have been ordered so facility can correct if inspection identifies a missing pin seal. All fire extinguishers were visually inspected on June 12, 2018. Maintenance personnel were educated and trained on the updated Fire Extinguisher Policy and the Fire Extinguisher form on June 11, 2018. A Portable Fire Extinguishers QAPI will be conducted on a quarterly basis to ensure compliance. Date of compliance: July 19, 2018	