STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355053	A. BUILDING _____ B. WING _____	12/18/2023

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
E 000	Initial Comments A recertification survey conducted on 12/18/2023 found Knife River Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 12/27/2023

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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	355053	A. BUILDING **02 - KNIFE RIVER CARE CENTER** B. WING _____	**12/18/2023**

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KNIFE RIVER CARE CENTER	**118 22ND ST NE** **BEULAH, ND 58523**

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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 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353		1/31/24

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

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K 353	Continued From page 1 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Observation determined: 1) Two concealed sprinklers in the Harvest Lane Dining Room were missing the cover plates. 2) One concealed sprinkler in the Shady Lane Dining Room was missing the cover plate. 3) One sprinkler in the Shady Lane Dining Room was missing the escutcheon plate. 4) Three sprinkler heads in the Staff Break Room had heavy dust built up on them. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected three (3) of numerous	K 353	What corrective action will be accomplished for those residents affected by the deficient practice: In the three fire compartments noticed to have issues, maintenance personnel will fix the errors. Maintenance personnel will replace the two missing concealed sprinkler covers on Harvest Lane, the one missing concealed sprinkler cover on Shady Lane, the one missing escutcheon plate in the shady lane dining room and remove the dust from the three sprinklers in the staff break room. By correcting these our fire suppression system will activate and work properly. How will you identify other residents having the potential to be affected by the same deficient practice? Maintenance personnel will assure other residents are protected from this issue by keeping a vigilant eye on daily rounds and adding these items into a daily practice for maintenance personnel. Maintenance will also complete an entire facility walkaround assuring no other areas are impacted by missing cover plates, escutcheon plate, or have dust. If maintenance personnel note any issues they will address immediately. How the deficiency will be corrected? Include how the facility will correct the existing deficiency. Identify what measures will be put into place and what systemic changes the facility will make to	

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K 353	Continued From page 2 locations protected by the automatic sprinkler system, which serves the entire facility.	K 353	ensure the deficient practice does not recur. Example: Look at the system and determine if a change to the existing system is needed if a new system is necessary or if a system does not exist and must be developed. Maintenance supervisor will complete documented education with maintenance staff and safety director on what to look for and how to properly clean these sprinkler heads and replace any escutcheon plates and cover plates that may have come unattached over time as well as any smoke and heat detectors that have retained any dust. The maintenance supervisor will incorporate this check into maintenance personnel's quarterly inspection and train staff on how to complete these inspections. How does the facility plan to monitor its performance to ensure solutions are permanent? What quality assurance process will be developed to ensure the correction is achieved and sustained? Identify the frequency of the monitoring and the staff person by job duty (NOT INDIVIDUAL NAME) that will monitor the corrective action? The Facilities Safety Director will create an audit/facility inspection tool and complete audits around the facility to assure all cover plates, escutcheon plates are in place and sprinkler heads are free from dust throughout the facility. The frequency these will be completed at is monthly and then the results will be	

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K 353	Continued From page 3	K 353	reported to the safety committee monthly. When the deficiency will be corrected. 1/31/2024	