

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

PRINTED: 11/06/2023
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 B. WING _____		(X3) DATE SURVEY COMPLETED 12/29/2022	
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
E 000	Initial Comments			E 000			
K 000	A recertification survey conducted on 12/29/2022 found Knife River Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. INITIAL COMMENTS			K 000			
K 712 SS=E	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. 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			K 712			1/10/23

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

TITLE

(X6) DATE

Electronically Signed

01/04/2023

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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K 712	Continued From page 1 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills were conducted on the second shift during the first, second, third, and fourth quarter of 2022. 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 712	1. How the corrective action will be accomplished. a. The facility completed a drill on the same day to assure a drill was completed in the second period, and the records were updated to reflect drill completion. 2. How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice. a. All portions of the facility have the potential to be affected by this deficiency. The facility completed a drill on the same day of the survey to assure it was completed during the second period so staff present during the shift would receive proper education in regard to fire drills. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. a. Education provided to maintenance staff on timeframes for first, second, and third shifts in a nursing facility for completing fire drills. Timeframes have been added to the fire drill documentation folder for reference during a drill. 4. How the facility will monitor its corrective action(s) to ensure the deficient practice is being corrected and will not recur. a. Continued observation and monitoring to verify correct documentation that the		

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K 712	Continued From page 2	K 712	fire drill is conducted across the first, second, and third shift times. Observation will be completed by the maintenance supervisor to assure compliance with the requirement. 5. Date(s) when the corrective action(s) will be completed. These date(s) must be acceptable to the department. Corrections must be completed within forty-five days of the survey completion date or February 12, 2023, unless an alternative schedule of correction is accepted by the department. a. 01/10/2023		