STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING **03 - MAIN BUILDING** B. WING _____	**01/13/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	**3400 NEBRASKA DRIVE** **BISMARCK, ND 58503**

(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 two-story building of Type II (111) construction with a partial basement. The facility was protected throughout by an automatic wet sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An Assisted Living facility was attached to the southeast side of the nursing home and was separated by an occupancy separation wall having a 2-hour fire resistance rating.	K 000		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1	K 345	1. The facility failed to provide an itemized list with the device type, address, location and test results in accordance with the applicable	2/25/20

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

Electronically Signed | 01/24/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING **03 - MAIN BUILDING** B. WING _____	**01/13/2020**

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BAPTIST HEALTH CARE CENTER	**3400 NEBRASKA DRIVE** **BISMARCK, ND 58503**

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K 345	Continued From page 1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to test the fire alarm system as required. Review of documentation determined device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345	requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signal Code. 9.6.1.3 2. Contacted Nardini Fire Equipment Company, the vendor that performs the annual testing on the fire protection system. They will be providing us an itemized list with the device type, address, location and test results. Documentation was received and filed on 1/24/20 3. The Director of Plant Operations received documentation on 1/24/20. Files have been printed and are available for viewing in our life safety file. 4. The requirement of providing an itemized list with the device type, address, location and test results has been added Maintenance Care Scheduling program which will prompt us to obtain proper documentation each year at the time of testing. 5. The corrective action was completed 1/24/20.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		2/25/20

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	355058	A. BUILDING **03 - MAIN BUILDING** B. WING _____	**01/13/2020**

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BAPTIST HEALTH CARE CENTER	**3400 NEBRASKA DRIVE** **BISMARCK, ND 58503**

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K 918	Continued From page 2 Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined: 1) The weekly inspection of the emergency generator was not conducted for all weeks during the past year. 2) The emergency generator was not exercised under load for 4 continuous hours in the past 36	K 918	1. The facility failed to conduct the weekly inspection of the emergency generator in accordance with applicable requirements of NFPA code, and the facility failed to exercise the emergency generator for 4 continuous hours in the past 36 months in accordance with applicable requirements of NFPA code. 2. Developed a check list of required inspection points. Added the weekly generator test to the Maintenance Care Scheduling program, Trained maintenance staff on what and how to	

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K 918	Continued From page 3 months. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	inspect the generator and how to properly document and file results. Generator weekly inspection program was implemented 1/14/2020. Also the emergency generator will be operated under load for 4 continuous hours at the next scheduled monthly exercise February 4, 2020. Results and hours of operation will be recorded in the emergency generator log upon completion of the test. 3. The Director of Plant Operations or the Administrator will monitor weekly inspection results through the Maintenance Care program. Will also record and file the results of the 4 hour generator exercise 4. The requirement of conducting a weekly emergency generator inspection will be monitored in real time by utilizing Maintenance Care program. The requirement of exercising the emergency generator for 4 continuous hours will be added to Maintenance Care scheduling program to be completed prior to July 1, 2022. 5. These corrective action will be completed on or before 2-25-2020.	