STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/18/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	**2425 HILLVIEW AVE** **BISMARCK, ND 58501**

(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 structure constructed in 1967. There were six additions (1973, 1980, 1985, 1997, 2003 and 2007) with partial basements under the 1967, 1980 and 1997 additions. The facility was Type II (000) construction. The buildings were protected throughout with a wet and dry automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. The partial basements of the 1967, 1980 and 1997 buildings were separated from the remainder of the structure by two-hour fire resistive construction. An independent living apartment complex (Valley View) was attached to the east side of the nursing facility. This independent living apartment complex was of Type V (000) construction and was separated from the health care occupancy by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the	K 222		11/1/19

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

Electronically Signed | 10/01/2019

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K 222	Continued From page 1 use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.	K 222		

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K 222	Continued From page 2 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Access-controlled egress door assemblies in the means of egress shall be permitted to be equipped with electrical lock hardware that prevents egress, provided that all of the following criteria are met: (1) A sensor shall be provided on the egress side, arranged to unlock the door leaf in the direction of egress upon detection of an approaching occupant. (2) Door leaves shall automatically unlock in the direction of egress upon loss of power to the sensor or to the part of the access control system that locks the door leaves. (3) Door locks shall be arranged to unlock in the direction of egress from a manual release device complying with all of the following criteria: (a) The manual release device shall be located on the egress side, 40 in. to 48 in. vertically above the floor, and within 60 in. of the secured door openings.	K 222	1) What corrective actions have been accomplished? -On 9/24/2019 MSLCC personnel tested the door during a fire alarm. The door did not unlock. -MSLCC has arranged for an electrician to wire the door so that it unlocks during all fire alarms and to add a motion detector to unlock the door from the inside. -All corrective actions will be completed by November 1, 2019. 2) How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice? -MSLCC personnel have tested each location of the facility. 3) What measures will be put into place or systematic changes made to ensure that	

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K 222	Continued From page 3 (b) The manual release device shall be readily accessible and clearly identified by a sign that reads as follows: PUSH TO EXIT. (c) When operated, the manual release device shall result in direct interruption of power to the lock - independent of the locking system electronics - and the lock shall remain unlocked for not less than 30 seconds. (4) Activation of the building fire-protective signaling system, if provided, shall automatically unlock the door leaves in the direction of egress, and the door leaves shall remain unlocked until the fire-protective signaling system has been manually reset. (5) The activation of manual fire alarm boxes that activate the building fire-protective signaling system shall not be required to unlock the door leaves. (6) Activation of the building automatic sprinkler or fire detection system, if provided, shall automatically unlock the door leaves in the direction of egress, and the door leaves shall remain unlocked until the fire-protective signaling system has been manually reset. (7) The egress side of access-controlled egress doors, other than existing access-controlled egress doors, shall be provided with emergency lighting. 19.2.2.2.4(3), 7.2.1.6.2 The facility failed to provide complying locking hardware on all doors in the means of egress. Observation and interview with staff determined the door to the West View Kitchenette was secured by a magnetic lock in the direction of egress. This access-controlled door did not have a sensor to release the lock on the egress side of	K 222	the deficient practice will not recur? -Quarterly walk-through will be completed by MSLCC personnel. 4) How will the facility monitor its performance to make sure that solutions are sustained? -Any new and changed areas with magnetic locks will be inspected in the quarterly walk-through.	

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K 222	Continued From page 4 the door and did not automatically unlock with the activation of the building automatic sprinkler or fire detection system. Failure to provide egress doors as required increases the risk of death or injury due to fire. The deficiency affected egress from one (1) of numerous areas in the facility.	K 222		
K 231 SS=E	Means of Egress Capacity CFR(s): NFPA 101 Means of Egress Capacity The capacity of required means of egress is in accordance with 7.3. 18.2.3.1, 19.2.3.1 This REQUIREMENT is not met as evidenced by: Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. on each side shall be permitted at 38 in. and below. 7.3.2.2 In addition to the requirements of the Life Safety Code, health care facilities must comply with the requirements of the ADA, including the requirements for protruding objects. The 2010 Standards for Accessible Design generally limit the protrusion of wall-mounted objects into corridors to no more than 4 inches from the wall when the object's leading edge is located more than 27 inches, but not more than 80 inches, above the floor. This requirement protects	K 231	1)What corrective actions have been accomplished? -On 9/24/19 MSLCC personnel removed the covers from the identified air conditioning units. 11 were moved above 80 inches and the units were tested. -On 9/27/19 the remaining units were moved above 80 inches and tested. 2)How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice? -All portions of the facility have the potential to be affected. 3)What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? -MSLCC personnel has completed a walk-through of the facility. No further issues were identified.	11/1/19

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K 231	Continued From page 5 persons who are blind or have low vision from being injured by bumping into a protruding object that they cannot detect with a cane. Although the Life Safety Code allows 6-inch projections, under the ADA, objects mounted above 27 inches and no more than 80 inches high can only protrude a maximum of 4 inches into the corridor beyond a detectable surface mounted less than 27 inches above the floor (except for certain handrails which may protrude up to 4 1/2 in.) The facility failed to maintain the means of egress as required. Observation determined thirteen (13) condensate pump covers that were located in the east unit corridors mounted at a height of less than eighty (80) inches, extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of ten (10) smoke compartments in the facility.	K 231	4)How will the facility monitor its performance to make sure that solutions are sustained? -All new or modified corridor projections will be evaluated and monitored to assure compliance.	
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2	K 347		11/1/19

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K 347	Continued From page 6 This REQUIREMENT is not met as evidenced by: The facility failed to ensure smoke detectors were installed, maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. In the absence of specific performance-based design criteria, smooth ceiling smoke detector spacing shall be a nominal 30 ft. The distance between detectors shall not exceed their listed spacing, and there shall be detectors within a distance of one-half the listed spacing, measured at right angles from all walls or partitions. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72: 17.7.3.2.3.1 Observation determined: 1) The smoke detector in the corridor by Resident Room 8 was more than 15 ft from the wall at the end of the corridor. 2) The smoke detector in the corridor by Resident Room 47 was more than 15 ft from the wall at the end of the corridor. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	1)What corrective actions have been accomplished? -On 9/24/19 and electrician wired the facility to add smoke detector wires in both areas identified. -Two smoke detectors will be installed and tested by Simplex by November 1,2019. 2)How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice? -All portions of the facility have the potential to be affected. 3)What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? -MSLCC personnel has completed a walk-through of the facility. No further issues were identified. 4)How will the facility monitor its performance to make sure that solutions are sustained? -All building changes or new construction will be evaluated and monitored to assure compliance.	
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping	K 511		11/1/19

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K 511	Continued From page 7 complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) One (1) electrical receptacle in the Northeast Clean Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Southeast Dirty Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the East	K 511	1)What corrective actions have been accomplished? -On 9/25/19, GFCI outlets were installed in the east kitchen, east dining room - serving kitchen, and west kitchen. -Additional outlets were ordered and will be installed by November 1,2019 for the north east clean utility room and the south east dirty utility room. 2)How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice? -All areas of the facility have the potential to be affected. 3)What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? -MSLCC personnel has completed a walk-through of the facility. No further issues were identified. 4)How will the facility monitor its performance to make sure that solutions are sustained? -Any building changes or new construction will be evaluated and	

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K 511	Continued From page 8 Serving Kitchen within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 4) Numerous electrical receptacles in the East Kitchen were not ground-fault circuit-interrupter protected. 5) Numerous electrical receptacles in the West Kitchen were not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected numerous electrical receptacles in the facility.	K 511	monitored to assure compliance.	