STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/29/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BOTTINEAU	**725 E 10TH ST** **BOTTINEAU, ND 58318**

(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 (000) construction with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the 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: 1) 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 code. 8.3.3.1.	K 211	1) It is the policy of the facility to continuously improve by subscribing to an updated maintenance monitoring system which will provide the Fire Door Inspection procedure and schedule. All of the facility is potentially affected Facility Environmental Staff will inspect all Fire Rated Doors Monthly following the Fire	7/13/18

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

Electronically Signed | 06/25/2018

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 211	Continued From page 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 fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not 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 all fire rated door assemblies throughout the facility. 2) During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.3.1 The facility failed to maintain the exit corridors to be free of obstructions. Observation determined: a) The corridor door to the 200 Wing Staff Restroom opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. b) The corridor door to the 200 Wing Staff Locker Room opened outward into the exit	K 211	and Smoke Door Inspection Procedure and document finds on the associated Log. Environmental Services will report findings to Safety Committee at monthly meeting following inspection. 2) It is the policy of the facility to provide a safe resident environment and will remove obstructions hindering the 200 wing Staff Restroom Door and Locker Room Door from opening to less than 7 inches from wall. The facility has been inspected and found thatthis issue is isolated to the 200 wing. Obstructions will be removed and the walls repaired so there are no obstruction hindering the doors from opening fully flush to wall. All doors opening into the emergency egress hallways will be checked for opening flush to wall, extending no more than 7 inches from the wall when fully opened. This audit will be done immediately and reported to the QAPI at July 2018 meeting.	

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K 211	Continued From page 2 corridor and extended more than 7 inches from the wall when fully opened. 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 two (2) of numerous corridor doors in the means of egress throughout the facility.	K 211		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1	K 291	These Devices are no longer needed and will be removed from the facility. The facility will be checked for similar devices and if found, they will be removed. These devices are no longer needed as generator installed in 2013 provides backup power to entire facility.	6/18/18

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K 291	Continued From page 3 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Records review determined monthly and annual testing of the emergency battery-powered emergency lighting system was not documented. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Separation N/A Automatic Sprinkler	K 321		7/13/18

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K 321	Continued From page 4 a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined the corridor door to the Storage Room 107 was not equipped with a self-closing device. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	It is the policy of the facility to provide safe resident environment so a self closing device will be installed to ensure that Room 107 door is closed and and latched to contain any type of fire event if it should ever happen. Facility walk thru determined that there are no other rooms being used for storage of this type of material not in compliance. Room 107 self closing device will be added to the door inspection audit and results reported to Safety Committee monthly for 3 Quarters.	
K 345	Fire Alarm System - Testing and Maintenance	K 345		7/13/18

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K 345 SS=F	Continued From page 5 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 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. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. 1) Review of fire alarm system test records indicated the annual test of the fire alarm system was not performed as required. The most current fire alarm system annual test was conducted on 05/25/2017, exceeding one year from this survey. 2) Review of fire alarm system test records 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.	K 345	1) It is the policy of the facility to continually improve and will subscribing to an updated maintenance monitoring system which will provide the schedule to remind the Environmental Services Department to contact the vendor to get the fire alarm system checked before the 12 month cycle is up. All areas of the facility are affected Environmental Staff will contact the vendor and schedule this testing to be done. Environmental Services will monitor the schedule and contact the vendor 3 months prior to due date to ensure vendor schedules task to be done prior to due date. Environmental Services will report findings to Safety Committee annually. 2) It is the policy of the facility to provide a	

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K 345	Continued From page 6 3) Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The most current fire alarm system batteries load voltage test was conducted on 05/11/2018 and the previous test was conducted on 05/25/2017, exceeding the required semiannual testing requirement. 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	safe resident environment by notifying the vendor of the itemized reporting requirements within the required compliance. All areas of the facility are affected Facility Environmental Services Director will schedule this test to be done and audit the fire alarm test report to ensure all itemized requirements are met. Environmental Services will report findings to Safety Committee annually. 3) It is the policy of the facility to ensure all safety equipment is operable and will subscribe to an updated maintenance monitoring system which will provide the fire alarm backup battery inspection procedure and schedule. All areas of the facility are affected Facility Environmental Staff will monitor the schedule and perform tasks as scheduled and contact a vendor to perform compliance tasks within scheduled time frames. Environmental Services will review report for compliance and report findings to Safety Committee semiannually.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING	K 351		7/13/18

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K 351	Continued From page 7 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 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) 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) 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) NFPA 13 requires high-temperature-rated	K 351	1) It is the policy of the facility to provide a safe living environment for our resident which includes ensuring all areas of the facility are monitored by the fire supression system with appropriate equipment. This will be accomplished by contacting the vendor to change out sprinkler heads and install the correct tempurature sprinkler head for the high temperature zone. The whole facility is potentially affected. All high-temperature areas will be identified and reviewed to ensure proper sprinkler heads are installed in high-temperature zones.	

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K 351	Continued From page 8 sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined one (1) sprinkler in the Maintenance Room installed within 7 ft. of unit heaters was not high-temperature-rated. 2) NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Observation determined one (1) sprinkler in the Maintenance Room installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit heaters was not intermediate-temperature-rated. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	Environmental Services will audit high temperature sprinkler heads zones monthly to ensure proper sprinkler heads are installed, audit will be reported to QAPI Committee until completed. Once installed these zones will also be added to the annual facility inspection audit and reported to QAPI Committee. 2) It is the policy of the facility to provide safe living environments for all residents which includes ensuring all area of the facility are monitored by the fire supression system. This will be accomplished by contacting the vendor to change out sprinkler heads installing the correct temperature head for the intermediate temperature zone. The whole facility is potentially affected All intermediate-temperature areas will be reviewed to ensure proper sprinkler heads are installed in Intermediate-temperature zones. Environmental Services will audit intermediate temperature sprinkler heads zones monthly to ensure proper sprinkler heads are installed, audit will be reported to QAPI Committee until completed. Once installed these zones will also be added to the annual facility inspection audit and reported to QAPI Committee.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing	K 353		7/13/18

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K 353	Continued From page 9 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 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. Record review and observation determined:	K 353	1) It is the policy of the facility to continually improve by subscribing to an updated maintenance monitoring system which will provide the inspection schedule, procedure, and log. All the facility has the potential to be affected Environmental Services will follow the updated procedure and documentation ensuring all required information is recorded, within limits, and corrected if correction is needed. Environmental Services will report monthly control valve observation and sprinkler system gauges readings to	

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K 353	Continued From page 10 1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) There was no hydraulic nameplate attached to the automatic sprinkler system. 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 the complete automatic sprinkler system, which serves the entire facility.	K 353	QAPI Committee. 2) It is the policy of the facility to make sure all pertinent information is available to ensure resident safety and will research, print, and re-post the hydraulic nameplate to the sprinkler system. All the facility has the potential to be affected Environmental Services will audit that the hydraulic nameplate is posted monthly on the sprinkler system. The audit will be reported to the QAPI Committee. The hydraulic nameplate will also be added to the annual facility inspection and reported to QAPI Committee annually.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping 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	K 511	1 & 2) It is the policy of the facility to ensure	7/13/18

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K 511	Continued From page 11 circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in areas other than kitchens 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(A)(7) The facility failed to provide electrical wiring and equipment in accordance with NFPA 70, National Electrical Code. Observation determined: 1) One (1) electrical receptacle in the 400 Wing Soiled Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the 400 Wing Janitor Closet within 6 ft. of a floor sink was 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 two (2) of numerous receptacles in the facility.	K 511	safety for staff, visitors, and residents so an electrician will install ground-fault circuit-interrupter protected outlets (GFCI) in the 400 Wing Soiled Utility Room and the 400 Wing Janitor closet. All the facility is potential affected Environmental Services will inspect the facility to ensure all outlets within 6 feet of a sink / water source are GFCI. This will be done with the GFCI Outlet Testing. GFCI Test findings will be reported to Safety Committee and any non-GFCI outlets found with in 6 feet of sink/ water source will be reported to the Safety Committee and will have a GFCI outlet installed which installation will be monitored by the Safety Committee.	
K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept	K 711		7/13/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/29/2018**

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K 711	Continued From page 12 informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: A written health care occupancy fire safety plan shall provide for all of the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire 19.7.2.2 The facility failed to provide a fire safety plan as required. Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected the required fire safety plan for the entire facility.	K 711	It is the policy of the facility to ensure resident safety and will be updating the Fire Drill and Fire Response policy to include calling 911 as a back-up to the fire panel signal. All of the facility is potentially affected Policy regarding Fire Response and Fire Drill will be updated to include and document that 911 was notified promptly in response to the alarm. Staff education regarding calling and documenting the 911 back-up call will continue. Fire Drill and Fire Response Reports will be altered to indicated 911 was called promptly vs later in the process. This Policy and Report will be monitored for appropriate documentation indicating that 911 was called per RACE Acronym following the policy. Fire Drill and Fire Response report audits will be done monthly and reported to the QAPI COmmittee monthly for 6 months to monitor compliance on all shifts drills.	
K 712	Fire Drills	K 712		7/13/18

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K 712 SS=F	Continued From page 13 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 This REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. A fire alarm signal is a signal initiated by a fire alarm-initiating device such as a manual fire alarm box, automatic fire detector, waterflow switch, or other device in which activation is indicative of the presence of a fire or fire signature. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, NFPA 72, 3.3.240.4 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) Fire drills did not include the simulation of an	K 712	1) It is the policy of the facility to ensure resident safety and will be updating the updating the Fire Drill policy to include simulating calling 911 as a back-up to the fire panel. All of the facility is potentially affected Policy regarding Fire Drill will be updated to include and document that a simulated 911 call was done to promptly simulate notifying emergency service as a backup to the automated alarm. Staff education regarding calling and documenting the 911 back-up call will be done. Fire Drills will be monitored for appropriate documentation indicating that simulated 911 call was done per RACE Acronym promptly after the fire panel alarms. Fire Drill report audits will be done monthly for 6 months and reported	

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K 712	Continued From page 14 emergency phone call to fire department during the months of May, July, August, September, October, November and December 2017, and January, February, March and April 2018. 2) The transmission of a fire alarm signal was not tested during the months that night shift fire drills were conducted. Testing of the fire alarm signal was not documented during the months that a silent alarm fire drill was done on the night shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected eleven (11) of twelve (12) drills in the past year.	K 712	to the QAPI Committee monthly to ensure compliance with all shifts. 2) The Fire Drill policy will updated to include a facility alarm make-up test which will test the building alarm system for that month when the 3rd shift (Night Shift) Fire Drill is done. All of the facility is potentially affected Policy regarding Fire Drill will be updated to include a Facility Alarm Make-up Test to be done in association to a night shift fire drill or too late on the 2nd shift. Staff education regarding Facility Alarm Make-up Test will be done. Facility Alarm Make-up Tests will be monitored for appropriate documentation indicating that the facility fire alarm equipment was tested that month. Fire Drill report audits will be done for 6 months and reported to the QAPI COmmittee monthly ensuring the facility alarm system is tested every month no matter what shift staff are drilled.	