

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355054		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2016	
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SERVS				STREET ADDRESS, CITY, STATE, ZIP CODE 802 2ND ST NW BOWMAN, ND 58623			
(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 2000 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type V (000) construction with a partial basement. The building had a wet automatic fire sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. An apartment building was attached to the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating. Note: The facility was undergoing a major addition to the south and west of the existing facility. The construction area was separated from the existing facility by a one-hour fire resistant rated barrier.			K 000			
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms.			K 050			9/30/16

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

TITLE

(X6) DATE

Electronically Signed

09/15/2016

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 050	Continued From page 1 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Second Shift fire drill during the third quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 050	1) We will conduct the fire drill on the second shift in September 2016. 2) We will continue to ensure that a drill is conducted in each shift of each quarter. 3-4) We will consistently monitor fire drills through our QI process in which we review reports on a quarterly basis. 5) This will be completed by September 30, 2016.	10/27/16	
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined smoke detectors located throughout the facility were installed within 3 ft. of an air supply diffuser.	K 054	1) Smoke detectors will be relocated to at least three feet from any air supply diffuser or return air opening. We will still maintain a maximum thirty foot spacing between smoke detectors. 2) We will inspect the entire facility and correct all deficient smoke detectors. 3-4) After these deficient areas are corrected we will ensure all new installations are compliant.		

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K 054	Continued From page 2 Failure to install the smoke detection system as required increases the risk of death or injury due to fire.	K 054	5) This will be completed by October 27, 2016.	9/13/16	
K 062 SS=D	This deficiency affected smoke detectors throughout the facility. The smoke detection system serves the entire facility. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, it delays the activation of the automatic fire sprinkler system. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined the suspended ceiling was removed in Room 113. The sprinklers were located approximately two (2) feet from the ceiling/roof deck. Failure to maintain the automatic sprinkler system increases the risk of injury or death due to fire. This deficiency affected one (1) of three (3) smoke compartments in the facility. The	K 062	1) The sprinkler heads have been relocated to within 12 inches of the roof deck in the construction areas. 2) All other areas have been inspected and are compliant. 3-4) Deficient areas have been corrected. If any other areas are impacted during construction we will ensure these areas are compliant. 5) This was completed on September 13, 2016		

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K 062	Continued From page 3 automatic sprinkler system serves the entire facility.	K 062			