STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355054	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST HEALTHCARE SERVS	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 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. This facility was located in a one-story building of Type V (000) construction with a partial basement. The building had a wet automatic 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.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure smoke barriers were maintained to provide at least a half-hour fire resistance rating.	K 025	Maintenance sealed penetrations adjacent to resident rooms 113 and 114 with fire resistive intumescent material. Checked entire building for any additional penetrations that compromised smoke barriers and found none. Maintenance will create a checklist for vendors and maintenance staff to ensure penetrations are sealed before any new projects are considered complete. Put in place a monitor in our Preventive Maintenance, PM Plan, to monitor entire building at least twice a year for penetrations to smoke barriers and repair when found.	11/28/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
K Jenni Stockert	CEO	9-7-2011

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 025	Continued From page 1 Observation determined the integrity of one (1) of four (4) smoke barriers was less than a half-hour fire resistance rating. The smoke barrier adjacent to Resident Rooms 113 and 114 had unsealed spaces around a conduit penetration of the smoke barrier above the smoke doors. The unsealed spaces were sealed with fire resistive material by maintenance staff prior to the exit conference.	K 025		
K 062 SS=F	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: The facility failed to ensure the proper position of ceilings in areas protected by the automatic fire sprinkler system. (Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, the activation of the automatic fire sprinkler system is delayed). Observation determined the removal of ceiling tiles in numerous areas throughout the facility including: 1) Restorative Therapy. 2) Resident Room 134. 3) Unit #1 Clean Linen Storage Room.	K 062	Maintenance replaced ceiling tiles in restorative therapy, resident room 134, Unit #1 Clean Linen Storage Room, and employee break room at the time of survey. Maintenance walked through entire building and replaced missing or damaged ceiling tile. Replace roof in 1983 Addition and monitor for damaged tile and replace as needed weekly until roof is replaced. This is in progress currently. Monthly PM done to ensure tile is in place and not damaged.	11/28/2011

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K 062	Continued From page 2 4) Employee Break Room. 5) Laundry.	K 062		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure temporary wiring was not used as a substitute for permanent wiring. Multiplug adapters, extension cords, cube adapters, and other devices used as a substitute for permanent wiring must not be used. When electrical hazards are identified, measures to abate such conditions must be taken. NFPA 70, National Electrical Code, Section 6-1.5. Observation determined: 1) A multiplug adapter was in use to provide electricity to the television in Resident Room 113. 2) Two (2) power strips and one (1) extension cord were in use to provide electricity to an electrical powered bed, lamp, telephone and radio in Resident Room 128.	K 147	Maintenance removed multiplug adapter in room 113 and removed two (2) power strips and one (1) extension cord in room 128. Maintenance walked through and checked entire building for additional use of temporary wiring and use of multiplugs, extension cords, and power strips. Removed when found. Social Services will educate residents and their families upon admission, as part of the admission process, of the need to check with maintenance before bringing electrical appliances and temporary wiring into the building. Add a monitor to our PM Plan to check for temporary wiring devices on a monthly basis, removing when found.	11/28/2011