| 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**<br>B. WING _____ | **11/28/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SOUTHWEST HEALTHCARE SERVS** | **802 2ND ST NW**<br>**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 |
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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>The facility was located in a one-story building of Type V (000) construction with a partial basement. A one-story Hospital addition of Type II (000) construction was attached to the facility to the west. A one-story Clinic, Imaging, and Lab addition of Type II (111) construction was attached to the facility to the south. An apartment building, separated by an occupancy separation wall having a two-hour fire resistance rating, was attached to the facility to the east.<br><br>The facility was protected throughout by a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>Note:<br>Due to the lack of a 2-hour fire resistant rated barrier separating the facility and the additions, the Clinic, Imaging, Lab and Hospital Swing Bed Activity Room were included in this survey. | K 000 | | |
| K 351 SS=D | Sprinkler System - Installation<br>CFR(s): NFPA 101<br><br>Spinkler System - Installation<br>2012 EXISTING<br>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in | K 351 | | 3/1/18 |

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

Electronically Signed | 12/12/2017

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| K 351 | Continued From page 1<br>accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br>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.<br>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.<br>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)<br>This REQUIREMENT is not met as evidenced by:<br>Buildings containing health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1), NFPA 13<br><br>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.<br><br>Concealed spaces that contain combustible construction are required to be protected by the automatic sprinkler system.<br><br>Observation determined the concealed spaces above the suspended ceilings in the exit corridor near Resident Room 114 of the existing building had exposed wood framing and the area was not protected by the automatic sprinkler system. | K 351 | A time limited waiver was approved until March 1, 2018 for Tag K 351 (sprinkler system-installation).<br><br>1. An insepction of the spaces abouce the suspended ceiling has been completed and the exposed wood will be covered by a sprinkler system.<br><br>2. Inspection will be completed facility wide.<br><br>3. After the inspection and installation the facility will be in compliance with K 351.<br><br>4. After the inspection and installation the facility will be in compliance with K 351. | |

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| K 351 | Continued From page 2<br>Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire.<br><br>The deficiency affected sprinkler coverage in one (1) of seven (7) smoke compartments in the facility. The automatic sprinkler system serves the entire facility. | K 351 | | |

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| E 001 SS=F | Establishment of the Emergency Program (EP) CFR(s): 483.73<br><br>The [facility, except for Transplant Center] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements:<br><br>*[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.<br><br>*[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach.<br>This REQUIREMENT is not met as evidenced by:<br>The facility must comply with all applicable Federal, State and local Emergency Preparedness requirements. The facility must establish and maintain a comprehensive Emergency Preparedness program that meets the requirements of 483.73, Requirement for Long-Term Care (LTC) Facilities.<br><br>Documentation review determined the facility failed to establish and maintain a comprehensive | E 001 | 1. The policy and procedure manual including all requirements for the LTC Emergency Preparedness program will be completed and implemented.<br><br>2. The policy and procedure manual including all requirements for the Critical Access Hospital Emergency Preparedness program will be completed and implemented. | 1/12/18 |

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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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| E 001 | Continued From page 1<br>Emergency Preparedness program.<br><br>Failure to establish and maintain a comprehensive Emergency Preparedness program increases the risk of injury and death.<br><br>The deficiency affected the entire facility. | E 001 | 3. The policy and procedure manual will be reviewed at minimum annually by the Safety Committee.<br><br>4. The Safety Officer will report quarterly to the QAPI committee the review and actions taken, in that respective quarter, to meet the EP program requirements.<br><br>5. Date of completion: January 12, 2018. | |