STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**07/15/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	**1200 ROBERTS AVE NE** **COOPERSTOWN, ND 58425**

(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 an automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Occupancy separation walls designed to have a two-hour fire resistance rating separated the nursing facility from the attached unsprinklered acute care facility to the west and an assisted living facility to the north.	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: 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	K 211	K211 1. A form was created for the inspection of the fire rated doors. 2. All areas of the facility with fire rated doors have the potential to be affected.	8/29/19

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

Electronically Signed | 07/24/2019

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K 211	Continued From page 1 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. 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. The deficiency affected numerous fire-rated door assemblies throughout the facility.	K 211	3. All fire rated doors will be inspected annually. 4. All fire rated doors will be inspected annually. Problems reported immediately to the appropriate supervisor so corrections can be made. The documentation will be turned into the safety officer and stored in the education room. Documentation will be reported to the facility Quality Improvement Committee at its scheduled meeting. Recommendations for continued monitoring will be made by the Quality Improvement Committee. 5. 08/29/2019	
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 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	K 222		8/29/19

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K 222	Continued From page 2 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. 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	K 222		

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K 222	Continued From page 3 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: The facility failed to ensure exit access was readily accessible at all times. A latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 in. (865 mm) above the finished floor and not more than 48 in. (1220 mm) above the finished floor. 19.2.2.2.1, 7.2.1.5.10, 7.2.1.5.10.1, 7.2.1.5.10.1(1), 7.2.1.5.10.1(2) Observation determined the releasing mechanism for the latch on the door to the Beauty Shop was located 50 inches above the finished floor. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from one (1) of numerous rooms in the facility.	K 222	1. The releasing mechanism for the latch on the door will be moved to be in between 34 inches and 48 inches. 2. All areas of the facility with a door latch releasing mechanism have potential to be affected. 3. All releasing mechanisms for the latch on the doors will be inspected semi-annually. 4. All releasing mechanism for the latch on the doors will be inspected twice annually. Problems found will be reported immediately to the appropriate supervisor so the corrections can be made. The documentation will be turned into the safety officer and stored in the Education Room. Documentation will be reported to the Quality Improvement Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the Quality Improvement Committee. 5. 08/29/2019	
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101	K 223		8/29/19

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K 223	Continued From page 4 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: The facility failed to ensure fire-rated doors that were held open had rated release devices. Observation determined: 1) The pair of 90-minute fire-rated cross-corridor doors through the north two-hour fire-resistant rated occupancy separation wall from the nursing home to the assisted living building were held open with magnetic hold open devices with extensions that were not listed for rated hardware. 2) The south leaf of the north 90-minute fire-rated corridor doors to the Dining Room was held open with a magnetic hold open device with an extension that was not listed for rated hardware. 3) The 90-minute fire-rated door to the Dining Room from the Restorative Therapy Room was held open with a magnetic hold open device with	K 223	1. The magnetic fire rated door release devices will be relocated and extensions will be removed. 2. All areas of the facility with magnetic fire rated door release devices have the potential to be affected. 3. All magnetic fire rated door release devices will be inspected semi-annually. 4. All magnetic fire rated door release devices will be inspected twice annually. Problems will be reported immediately to the appropriate supervisor so corrections can be made. Documentation will be turned into the safety officer and stored in the Education Room. Documentation will be reported to the facility Quality Improvement Committee at its scheduled meetings. Recommendations for	

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K 223	Continued From page 5 an extension that was not listed for rated hardware. Failure to ensure fire-rated doors that are held open have rated release devices increases the risk of injury or death due to fire. This deficiency affected three (3) of numerous fire-rated door assemblies in the facility.	K 223	continued monitoring will be made by the Quality Improvement Committee. 5. 08/29/201	
K 712 SS=F	Fire Drills 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: The facility failed to conduct fire drills as required. Fire drill records review determined fire drills did not include the simulation of an emergency phone call to the fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected twelve (12) of twelve (12) drills in the past year.	K 712	1. The fire drill form was changed to include a a simulated 911 call check box to notify 911 of fire and location in the facility. 2. All areas in the facility during a fire drill have the potential to be affected. 3. All fire drills will be monitored to see if the simulated call was made to 911. 4. All fire drills will be monitored for	8/29/19

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K 712	Continued From page 6	K 712	simulated 911 call after the page was made. The staff member conducting the fire drill will be responsible to do the monitoring. Problems will be reported to the appropriate supervisor so corrections can be made and education can be done. Documentation will be turned in to the safety officer and stored in the Education Room. Documentation will be reported to the facility Quality Improvement Committee at scheduled meetings. Recommendations for continued monitoring will be made by the Quality Improvement Committee. 5. 08/29/2019	