STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/18/2014

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 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 standards. The facility was located in a one-story building of Type V (000) construction with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall designed to have a two-hour fire resistance rating separated the nursing facility from the attached unsprinklered acute care facility.	K 000		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure the occupancy separation wall between the nursing facility and the acute care hospital had a two-hour fire resistance rating. Observation determined multiple unsealed openings in the west wall of the Central Supply Room.	K 011	1) Multiple openings in the west wall of the Central Supply Room will be sealed with fire rated caulking. 2) All separation walls between the nursing facility and the acute care hospital with a two-hour fire resistance rating have the potential to be affected. 3) Any work to be performed on a separation wall, will be pre-approved by the Maintenance Supervisor. Work will be inspected upon completion by Maintenance staff and any holes found will be filled with fire rated caulk. 4) The separation walls will be inspected twice annually to make sure all holes have been filled with fire rated materials. Inspection documentation will be turned in to the Safety Officer and stored in the Education Room.	4/17/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mike Johnson	Acting CEO / ADM	4-3-14

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.

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

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K 025 SS=F	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. Observation determined two (2) of two (2) smoke barriers had less than a half-hour fire resistance rating. 1) The east smoke barrier was not sealed with fire caulk material at the head of wall joint in the south wall of the Tub Room. 2) The west smoke barrier was not sealed with fire caulk material in unsealed spaces around a pipe and cables on both sides of the wall above the smoke doors.	K 025	1) The openings in the smoke barriers will be filled with fire rated caulking and material. 2) All smoke barriers in the facility have the potential to be affected. 3) Any work done involving smoke barriers will be pre-approved by the Maintenance Supervisor. Work will be inspected after completion by the Maintenance staff and any holes will be filled with fire rated caulking. 4) The smoke barriers will be inspected and documented 2 times per year and make sure all holes have been filled with fire rated materials. Documentation will be turned in to the Safety Officer and stored in the Education Room.	4/17/2014
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,	K 062		

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K 062	Continued From page 2 9.7.5 This STANDARD is not met as evidenced by: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Observation determined: 1) Two (2) sprinklers in the south ceiling soffit in the Dining Room had paint on the sprinkler deflectors. 2) A sprinkler deflector in the closet housing the autoclave was partially covered with fire caulk material. 3) Review of sprinkler records could not verify	K 062	1) The sprinklers that had paint and caulk on them will be replaced. The NOVA Fire Equipment Company has been contacted to replace the sprinklers. 2) All sprinklers in the facility have the potential to be affected. 3) When any painting is done around the sprinklers the Maintenance Staff will inspect the sprinklers upon completion. The system for documentation of sprinkler quarterly flow test records has changed and is now done by the Safety Officer. 4) The quarterly flow test documentation records will be turned in to the Safety Officer and stored in the Education Room.	4/17/2014

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K 062	Continued From page 3 that quarterly flow alarm tests of the sprinkler system were conducted in the past twelve (12) months. Records indicated three (3) of four (4) quarterly flow alarm tests were completed. No quarterly flow test documentation was available for the 4th quarter of 2013.	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 the electrical wiring was maintained in accordance with NFPA 70. Observation determined: 1) A power strip was in use in place of permanent wiring to provide electricity to the aquarium lighting, pump, and heater. 2) A power strip was plugged into another power strip in Resident Room # 119. 3) A lift-chair was plugged into a power strip in Resident Room # 119.	K 147	1) The power strip for the aquarium has been removed. The second power strip in Resident Room #119 has been removed. The lift-chair was unplugged from the main power strip in Resident Room #119 so only the TV is plugged in to the power strip. A new GFCI outlet has been installed by the aquarium for the lights, heater, and pumps. 2) All Resident Rooms have the potential to be affected. 3) All Staff received education via a posting by the time clock on the proper use of power strips. This was posted 4/2/14. Nursing staff received education at a meeting held 3/27/14 and were trained to randomly check all resident rooms for improper use of power strips. Staff were informed to correct problems immediately when found. Families of residents were sent letters as a reminder of the regulatory standard as well. 4) The Resident Rooms will be inspected for power strip use by Maintenance staff quarterly along with the Room Surveys. The Room Surveys will be turned in to the Safety Officer and stored in the Education Room.	4/14/2014