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	02/18/2015

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

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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=F	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 separate other occupancies as required. Observation determined that one (1) of three (3) communicating openings in the 2-hour fire resistance rated barrier separating the acute care facility from the nursing facility was not in corridors as required. There was one (1) door	K 011	1) The west entrance door of Central Supply room was removed on 3/4/15 and the opening will be closed with fire rated material. 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 future remodeling plans involving fire barrier walls will be sent to Life Safety for pre-approval. 4) The separation walls will be inspected and documented twice annually to make sure that only doors that lead to corridors on both sides of barriers are present. Inspection documentation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicki Johnson | TITLE: RN/CEO | (X6) DATE: 3-5-15

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.

emailed

3-9-15

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K 011	Continued From page 1 from the Central Supply Room on the nursing facility side of the barrier that led to a corridor in the acute care facility. Only doors that lead to corridors on both sides of the barrier are permitted. Failure to separate additions as required increases the risk of death or injury due to fire. The deficiency affected the entire facility. Ref: 2000 NFPA 101 Section 19.1.1.4.2	K 011	will be turned in to the Safety Officer and stored in the Education Room. Results of the completed inspection documentation will be reported quarterly to the facility Quality Assurance Committee at it's scheduled meetings. Recommendations for continued monitoring will be made by the QA Committee. 5)	4/4/2015
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 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. Record review and observation determined: 1) No record of the required annual back flow preventer test was available. The deficiency affected one (1) of numerous required tests of the automatic sprinkler system, which serves the entire facility.	K 062		

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K 062	Continued From page 2 2) The automatic sprinkler system annual inspection report indicated that the check valve had not been internally inspected within the last five (5) years. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system, which serves the entire facility. 3) The automatic sprinkler system annual inspection report indicated that the wet system alarm valve had not been internally inspected within the last five (5) years. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system, which serves the entire facility. 4) Two (2) sprinklers in Resident Room 116 were closer than the minimum of six feet apart. The deficiency affected one (1) of numerous areas in the facility. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 062	1) Nova Fire Protection Service was contacted to complete the annual sprinkler system back flow preventer test. Nova removed one sprinkler in Resident room #116 that was closer than the minimum of six feet apart. This was completed3/3/2015. 2) The sprinkler system and all sprinklers have the potential to be affected. 3) The annual sprinkler system back flow preventer test will be scheduled annually with Nova. Any future remodeling plans involving walls near sprinklers will be inspected by Maintenance to assure the minimum of six feet apart. 4) The annual sprinkler system back flow preventer test documentation will be turned in to the Safety Officer and stored in the Education Room. Results of the completed inspection documentation will be reported quarterly to the facility Quality Assurance Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the QA Committee. 5)	4/4/2015
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. 1) All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the Generator Room. 2) Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals as required. 3) Observation determined there were no remote controls and alarms located outside of the Generator Room at a work site readily observable by personnel. Failure to inspect and maintain the emergency generators in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury	K 144	1) An emergency generator remote manual break glass stop station will be installed outside the generator room. A battery specific gravity meter device will be ordered and weekly testing will be done. An emergency generator warning annunciator panel will be installed at the Nursing Home Nurses Station. 2) The emergency generator provides all emergency power to the facility. The batteries start the emergency generator that provides all the emergency power to the facility. 3) There is only one generator to have a stop switch for. Batteries will be tested weekly and replaced when specific gravity is low. There is only one generator to have an annunciator panel for. 4) The manual stop station will be visually inspected and documented weekly. Documentation will be turned in to the Safety Officer and stored in the Education room. Weekly battery specific gravity testing will be documented and turned in to the Safety Officer and stored in the Education room.	

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K 144	Continued From page 4 due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144	The Annunciator panel will be visually inspected and documented quarterly. Documentation will be turned in to the Safety Officer and stored in the Education room. Results of the completed inspection documentation will be reported quarterly to the facility Quality Assurance Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the QA Committee. 5)	4/4/2015