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 _____	**02/01/2017**

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 a wet/dry automatic fire 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 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors are not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. Smoke detectors should be located farther away from high velocity air supplies. NFPA 72 National Fire Alarm and Signaling Code, 2010 edition, 17.7.6.3.2, A.17.7.4.1. The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm and Signaling Code.	K 347	1. The smoke detectors will be moved to no closer than 3 feet from an air supply diffuser or return air opening. 2. All areas in the facility with smoke detectors have the potential to be affected. 3. All smoke detectors in the facility will be inspected semi-annually. 4. All smoke detectors will be inspected twice annually. Problems found will be reported immediately to the appropriate supervisor so corrections can be made.	3/18/17

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

Electronically Signed | 02/13/2017

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 _____	**02/01/2017**

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 347	Continued From page 1 Observation determined numerous smoke detectors throughout the building were located within three (3) feet of a supply or return air diffuser. Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the building.	K 347	The documentation will be turned into the Safety Officer and stored in the Education Room. Documentation will be reported to the facility Quality Assurance Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the Quality Assurance Committee. 5. 3/18/2017	
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic fire sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing	K 353	1. The ceiling tile in the north tub room was replaced 2/1/2017. 2. All areas of the facility with ceiling tiles have the potential to be affected.	3/18/17

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 _____	**02/01/2017**

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 353	Continued From page 2 and Maintenance of Water-based Fire Protection Systems, 2011 edition. Observation determined the North Tub Room had one (1) missing ceiling tile in the ceiling grid that may delay the activation of the automatic fire sprinkler system. Failure to inspect, test and maintain the automatic fire sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected one (1) of three (3) smoke compartments.	K 353	3. All ceiling tiles in the facility will be inspected semi-annually. 4. All ceiling tiles in the facility will be inspected twice annually. Problems found 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 Assurance Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the Quality Assurance Committee. 5. 3/18/2017	
K 374 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This STANDARD is not met as evidenced by: The facility failed to ensure doors in smoke barrier walls were self-closing and resisted the passage of smoke. 19.3.7.6, 19.3.7.8, 19.3.7.9.	K 374	1. The north leaf in the West Wing smoke barrier was adjusted on 2/3/2017 to self-close to the fully closed position and resist the passage of smoke.	3/18/17

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 _____	**02/01/2017**

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 374	Continued From page 3 Observation determined the north door leaf in the West Wing smoke barrier failed to self-close to the fully closed position and resist the passage of smoke. Failure to ensure smoke barrier doors were self-closing and resisted the passage of smoke increases the risk of injury and death from fire. This deficiency affected two (2) of three (3) smoke compartments.	K 374	2. All areas of the facility with smoke barrier corridor doors have the potential to be affected. 3. All smoke barrier corridor doors will be inspected semi-annually. 4. All smoke barrier corridor doors will be inspected twice annually. Problems found will be 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 Quality Assurance Committee at its scheduled meetings. Recommendations for continued monitoring will be made by the Quality Assurance Committee. 5. 3/18/2017	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment	K 901	1. A Risk Assessment of building systems will be completed for the entire facility. 2. The building systems in the entire facility have the potential of increased risk	3/18/17

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 _____	**02/01/2017**

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 901	Continued From page 4 procedure. NFPA 99, 4.1, 4.2. The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	of injury or death due to fire. 3. A Risk Assessment of building systems for the entire facility will be completed and reviewed annually. 4. A Risk Assessment of building systems for the entire facility will be completed and reviewed annually. Problems found will be 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 Quality Assurance Committee at its scheduled meetings. 5. 3/18/2017	