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 _____	**03/15/2016**

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 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1	K 029	1. The dirty utility room door auto closure will be adjusted to allow the door to close and latch correctly into the door frame. 2. Any auto door closure on 1 hour fire resistance rated doors have the potential to be affected. 3. All auto door closures will be	4/29/16

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

Electronically Signed | 04/01/2016

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K 029	Continued From page 1 The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care occupancies self-close and latch into the door frame. Observation determined the corridor door to the Soiled Linen Room by the Dining Room failed to self-close and latch into the frame. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	inspected semi-annually. 4. The semi-annual inspections will be documented and turned in to the Safety Officers to be stored in the Education Room. The completed documentation will be reported semi-annually to the quality assurance committee at its scheduled meeting.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the C.N.A. Coat Room in the South Wing. 2) The corridor door to the Shower Room in the	K 038	1. Auto door closures will be removed or replaced to allow doors in exiting corridors to open 180 within 7 inches of the wall. Any handrails will be removed or shortened to allow doors to open correctly. 2. Any doors opening into exit corridors will have the potential to be affected. 3. All doors opening into exit corridors will be inspected semi-annually. 4. The semi-annual inspections will be documented and turned into the Safety Officer to be stored in the Education Room. The completed documentation will be reported	4/29/16

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K 038	Continued From page 2 South Wing. 3) The corridor door to the Supply Room in the South Wing. 4) The corridor door to the Linen Closet in the East Wing. 5) The corridor door to the I.T. Room in the North Wing. 6) The corridor door to the Oxygen Storage Room in the North Wing. 7) The corridor door to the Janitor Closet in the North Wing. This deficiency affected seven (7) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	semi-annually to the quality assurance committee at its scheduled meeting.	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Fire drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under	K 050	1. Fire Drills will be conducted quarterly on each shift. 2. All residents and staff have the	4/29/16

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K 050	Continued From page 3 varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Third Shift fire drill during the first quarter, and a Second Shift fire drill during the fourth quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) fire drills in the past year.	K 050	potential to be affected. 3. The quarterly fire drills on each shift will be conducted to familiarize facility personnel with the signals and emergency action required. 4. The quarterly fire drills will be documented and turned into the Safety Officer to be stored in the Education Room. The documentation will be reported quarterly to the quality assurance committee at its scheduled meeting.	
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 determined the annual backflow preventer flow test was last done on 03/03/2015, exceeding one year from the date of this survey. The deficiency affected one of numerous required tests of the automatic sprinkler system. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2	K 062	1. NOVA Fire Protection Service was contacted to complete the annual Sprinkler System Back Flow Preventer Test. The test was completed 3/24/2016. 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. 4. The annual sprinkler system back flow preventer test documentation will be turned into the Safety Officer and stored in the Education Room. The inspection documentation will be	3/24/16

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K 062	Continued From page 4	K 062	reported annually to the quality assurance committee at its scheduled meeting.	