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



| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355069 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 03/12/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HEARTLAND CARE CENTER | 620 14TH AVE NE<br>DEVILS LAKE, ND 58301 |

| (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<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies (2012 addition) and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a).<br><br>The facility is located in a building of Type V (000) construction (existing health care occupancy) and Type II (000) construction (new health care occupancy). The building is protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>A garage addition of Type II (000) was attached to the original building in 1993. This addition has no automatic sprinkler system and does not meet the requirements for a health care occupancy. According to staff, nursing facility residents do not receive treatment or services in this building. This building is separated from the nursing facility by an occupancy separation wall of two-hour fire resistance rating. This building was not reviewed as a component of this Life Safety Code survey.<br><br>Note:<br><br>A time limited waver was approved until October 30, 2015 for Tag K 012 (construction type) to allow for Type V (000) construction rather than the required Type II (000) construction in the Chapel addition. | K 000 | | |
| K 012<br>SS=B | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 | K 012 | | |

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

[signature] | ADMINISTRATOR | 3/27/14

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.

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| K 012 | Continued From page 1<br><br>This STANDARD is not met as evidenced by:<br>The facility has not ensured the appropriate construction type for new health care occupancies.<br><br>Observation determined the new Chapel addition is of Type V (000) construction rather than the required Type II (000) construction. Laminated wood beams providing structural support were observed in the roof/ceiling assembly. There was no documentation available to indicate these wood structural members were fire retardant treated. | K 012 | A time limited waver was approved until October 30, 2015 for Tag K 012 (construction type) to allow for Type V (000) construction rather than the required Type II (000) construction in the Chapel addition. | 3/18/14 |
| K 054 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code.<br><br>Review of the fire alarm test results indicated that six (6) smoke detectors had failed sensitivity testing on 2/4/14 and had not been replaced at the time of the survey. | K 054 | 1. Heartland Care Center continues to maintain, inspect and test smoke detectors in accordance with NFPA 72, National Fire Alarm Code. Heartland Care Center has had smoke detectors replaced on 3/18/14 (Exhibit A).<br><br>Smoke detectors had been inspected per NFPA 72 on 1/22/14 by Protection Systems, Inc. However, at that time, they failed to complete the sensitivity testing and came back to Heartland Care Center on 2/4/14. At that time, 1 detector failed the sensitivity test in the Therapy Center and 5 failed the sensitivity test in the Care Center (Exhibit B).<br><br>On the same day the sensitivity test was failed, 2/4/14, a work | |

order was placed to have all 6 detectors replaced (Exhibit C).

2. N/A

3. Heartland Care Center will continue to have smoke detectors maintained, inspected and tested in accordance with NFPA 72.

4. Heartland Care Center will continue to make sure annual inspection is done on a timely basis and place a work order for work to be completed.

5. 3/18/14