STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING _____ B. WING _____	04/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNSEITH COM NURSING HOME	**15 1ST ST NE DUNSEITH, ND 58329**

(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
E 000	Initial Comments A recertification survey conducted on 04/29/2024 found Dunseith Community Nursing Home in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

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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 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 partial basement. The building was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The fire rated doors at the lower level of each stair enclosure provided the fire separation between the basement and the main floor for the stair openings.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of	K 291	1. The Maintenance Supervisor will conduct and document testing of required emergency lighting systems, any issues will be resolved if needed. 2. The entire facility has the potential to be affected by this deficient practice. 3. Functional testing shall be conducted monthly with a minimum of 3 weeks and a maximum of 5 weeks between testes, for	6/1/24

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K 291	Continued From page 1 the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Record review determined: 1) The facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during all months in the past year. 2) The facility failed to conduct a 90-minute annual test of the emergency battery back-up lights in the past year. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	not less than 30 seconds. Functional testing shall be conducted annually for no less than 90 minutes. The emergency lighting shall be fully operational for the duration of the tests. Written records of visual inspections and tests shall be kept by the maintenance supervisor. 4. The results of the inspections will be given to the DCNH Administrator and reviewed at the DCNH Quality Assurance meeting. The inspections will be completed as required and reviewed by the administrator Monthly X 3 months.	
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:	K 324		6/1/24

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K 324	Continued From page 2 * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location.	K 324	1. The facility failed to conduct monthly inspections of the wet chemical extinguishing system. The facility will conduct monthly inspections of the wet chemical extinguishing system monthly as required 2. The entire facility has the potential risk to be affected by this deficient practice. 3. The Maintenance department will conduct monthly visual inspections of the wet chemical extinguishing system as required by NFPA 17A. 4. The results of the inspections will be reviewed by the DCNH Administrator monthly and reviewed at the DCNH	

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K 324	Continued From page 3 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed during January, February, and March 2024. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire.	K 324	Quality Assurance meeting. The inspections will be reviewed monthly X 3 months.	

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K 324	Continued From page 4 This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 06/12/2023 by an outside company indicated the heat detector in the Boiler Room was not tested in the past year.	K 345	1. The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72. The facility will ensure the fire alarm system is maintained, inspected and tested as required. 2. The entire facility has the potential to be affected by this deficient practice. 3. The Maintenance Supervisor will ensure that the fire alarm system is tested annually and will retain the documentation. 4. The results of the inspection will be given to the DCNH Administrator and reviewed at the QA meeting, This will be reviewed once the report is received X 1.	6/13/24

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K 345	Continued From page 5 Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous initiating devices in the facility. The fire alarm system serves the entire facility.	K 345		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and	K 353	1. The facility failed to ensure the automatic sprinkler system was inspected during all months in the past year. The facility failed to complete quarterly flow tests of the automatic sprinkler system as required. The sprinkler system gauge	6/13/24

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K 353	Continued From page 6 maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NFPA 25 5.3.2.1, 5.3.2.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined: 1) The control valves and gauges of the automatic sprinkler system had not been inspected during all months in the past year. 2) Quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate a flow test was conducted during the second quarter in the past year. 3) The sprinkler system gauge located at the sprinkler riser dated 10/11/2018 had not been replaced or calibrated within the last five (5) years. 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 353	located at the sprinkler riser was not replaced or calibrated with the last five years. The facility will complete the automatic sprinkler inspection monthly. The facility will complete a quarterly flow tests of the automatic sprinkler system as required. Johnson control will be here on 6/17/2024 to replace or calibrate the sprinkler system gauge located at the sprinkler riser. The facility will ensure the Sprinkler system is maintained, inspected and tested as required. 2. The entire facility has the potential to be affected by this deficient practice. 3. The Maintenance department will inspect and document the inspections monthly 4. The inspections will be reviewed by the DCNH Administrator monthly x 3 months 5. Johnson Control will be here June 17th 2024 to complete the annual inspection.	

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K 353	Continued From page 7 The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No fire drills were conducted on the AM Shift during the first, second, and third quarters in the past year. 2) No fire drills were conducted on the PM Shift during the second, and third quarters in the past year. 3) No fire drills were conducted on the Night Shift during the first, second, third, and fourth quarters in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 712	1. The facility failed to conduct fire drills as required. 2. The entire facility has the potential to be affected by this deficient practice. 3. Fire drills will be held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff will be in-serviced on the procedure and will be aware that drills are part of established routine. Fire drills will be conducted and documentation will be available per each fire drill conducted. the fire drills will be added to the maintenance supervisors monthly safety rounds inspection form and addressed at the DCNH Safety meetings. 4. The results of the drills will be given to the DCNH Administrator and reviewed at DCNH Quality Assurance meetings and	6/10/24

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K 712	Continued From page 8 The deficiency affected nine (9) of twelve (12) drills in the past year.	K 712	will be done monthly x 3 months and will be implemented 6/10/2024	
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Electrical systems shall be inspected, tested and maintained in accordance with the applicable requirements of NFPA 99 Health Care Facilities Code. 6.3.3.2, 6.3.3.2.1, 6.3.3.2.2, 6.3.3.2.3, 6.3.3.2.4, 6.3.4.1 Receptacle inspection and testing in patient care rooms shall include the following:	K 914	1. The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code. 2. The entire facility has the potential to be affected by this deficient practice. 3. Them Maintenance Department will will ensure receptacles at patient bed	6/4/24

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K 914	Continued From page 9 1) The physical integrity of each receptacle shall be confirmed by visual inspection. 2) The continuity of the grounding circuit in each electrical receptacle shall be verified. 3) Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 4) The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). Failed receptacles at patient bed locations shall be replaced with hospital grade outlets, per NFPA 70 National Electrical Code, 517.18 (B). These tests need to be completed at least annually on all non-hospital grade outlets in patient care rooms. The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code. Observation, record review, and interview with staff determined there was no documentation of inspection and testing of the non-hospital grade electrical receptacles at patient bed locations in the past year. Failure to inspect, test and maintain electrical receptacles in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous electrical receptacles in all resident rooms in the facility.	K 914	locations will be replaced as needed, if needed. The tests will be done at least annually on all non-hospital grade outlets in patient care rooms. 4. The results of the inspection will be reviewed by the DCNH Administrator. The inspection will be completed Annually x 1.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 918		6/2/24

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K 918	Continued From page 10 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99,	K 918	1. The facility failed to inspect, test, and maintain the emergency generator in	

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K 918	Continued From page 11 Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.2, 8.4.2.3 Review of generator test records and interview with staff: 1) Did not indicate the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the 40 kW diesel generator loaded the generator to at least 30% (12 kW) of the nameplate rating. The facility did not perform annual supplemental load exercises as required when diesel generators are	K 918	accordance with NFPA 99 and NFPA which increases injury or death due to potential risk of fire. The facility will inspect, test and maintain records. 2. The entire facility has the potential to be affected by this deficient practice. 3. The Maintenance supervisor will completed the test with a minimum exhaust temperature being provided by the manufacturer was achieved and that the monthly exercise of 40 kW diesel generator loaded the generator to at least 30% (12 kW) of the name plate rating. The facility will perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercises. The facility will complete a weekly inspection of the emergency generator for all weeks during the next year. The monthly tests of the emergency generator will be conducted of the next year as required. The emergency generator will be exercised underload for 4 continuous hours over the next year. 4. The results of the inspections will be reviewed by the DCNH Administrator as they are completed over the next x 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/29/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNSEITH COM NURSING HOME	**15 1ST ST NE** **DUNSEITH, ND 58329**

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K 918	Continued From page 12 not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercises. 2) Determined the weekly inspection of the emergency generator was not conducted for all weeks during the past year. 3) Determined the monthly tests of the emergency generator were not conducted during the past year. 4) Determined the emergency generator was not exercised under load for 4 continuous hours in the past 36 months. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918		
K 927 SS=D	Gas Equipment - Transfilling Cylinders CFR(s): NFPA 101 Gas Equipment - Transfilling Cylinders Transfilling of oxygen from one cylinder to another is in accordance with CGA P-2.5, Transfilling of High Pressure Gaseous Oxygen Used for Respiration. Transfilling of any gas from one cylinder to another is prohibited in patient care rooms. Transfilling to liquid oxygen containers or to portable containers over 50 psi comply with conditions under 11.5.2.3.1 (NFPA 99). Transfilling to liquid oxygen containers or to portable containers under 50 psi comply with	K 927		6/2/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/29/2024**

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DUNSEITH COM NURSING HOME	**15 1ST ST NE** **DUNSEITH, ND 58329**

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K 927	Continued From page 13 conditions under 11.5.2.3.2 (NFPA 99). 11.5.2.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Transfilling of liquid oxygen shall comply with 11.5.2.3.1 or 11.5.2.3.2, as applicable. Transfilling to liquid oxygen base reservoir containers or to liquid oxygen portable containers over 344.74 kPa (50 psi) shall include the following: (1) A designated area separated from any portion of a facility wherein patients are housed, examined, or treated by a fire barrier of 1 hour fire-resistive construction. (2) The area is mechanically ventilated, is sprinklered, and has ceramic or concrete flooring. (3) The area is posted with signs indicating that transfilling is occurring and that smoking in the immediate area is not permitted. (4) The individual transfilling the container(s) has been properly trained in the transfilling procedures. Transfilling to liquid oxygen portable containers at 344.74 kPa (50 psi) and under shall include the following: (1) The area is well ventilated and has noncombustible flooring. (2) The area is posted with signs indicating that smoking in the area is not permitted. (3) The individual transfilling the liquid oxygen portable container has been properly trained in the transfilling procedure. (4) The guidelines of CGA P-2.6, Transfilling of Low-Pressure Liquid Oxygen to be Used for Respiration, are met.	K 927	1. The facility failed to transfill liquid oxygen in accordance with NFPA 99. The facility will move the liquid oxygen to a room that has a self closing door, ceramic flooring/concrete flooring. 2. The entire facility as the potential to be affected by this deficient practice. 3. The Maintenance supervisor will move the transfilling liquid oxygen to a room with ceramic/concrete flooring. The DCNH Administrator has approved the move and will inspect upon completion 4. The results of moving the liquid oxygen will be inspected by the DCNH Administrator and will be reviewed X 1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355080	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/29/2024**

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K 927	Continued From page 14 NFPA 99, 11.5.2.3, 11.5.2.3.1, 11.5.2.3.2 The facility failed to transfill liquid oxygen in accordance with NFPA 99, Health Care Facilities Code. Observation determined: 1) The room used for transfilling liquid oxygen did not have a self-closing door. 2) The room used for transfilling liquid oxygen did not have ceramic or concrete flooring. Failure to transfill liquid oxygen in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected one (1) of three (3) smoke compartments in the facility.	K 927		