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 _____	06/03/2025

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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E 000	Initial Comments A recertification survey conducted on 06/03/2025 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

Electronically Signed | 06/16/2025

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 225 SS=D	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Stairways shall not be used for any purpose that has the potential to interfere with egress. 19.2.2.3, 7.2.2.5.3.1 The facility failed to keep exit enclosures free of	K 225	1. The facility failed to keep exit enclosures free of obstruction. 2. Dunseith Community Nursing Home has determined that all residents and have the potential to be affected by the	6/16/25

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K 225	Continued From page 1 obstructions. Observation determined there were two (2) 2-wheel carts stored at the top landing of the stairway from the basement. Failure to maintain exit enclosures free of obstructions increases the risk of death or injury due to fire. Failure to maintain stairways free from obstructions increases the risk of injury or death due to fire. The deficiency affected one (1) of two (2) exits from the basement.	K 225	deficient practice. 3. Maintenance Manager re-educated staff to keep the stairways free of obstructions. The items that were obstructing were removed the day the observation took place. 4. The Maintenance Manager will conduct a quality monitor to keep stairwell free from obstruction. This monitoring will be completed weekly for two consecutive weeks and then monthly X 3 months if quality measure is met. This will be implemented on 6/16/2025	
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 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	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 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	6/16/25

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K 291	Continued From page 2 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 the facility failed to conduct a 30-second test of battery powered emergency lights during May, 2025. 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	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=D	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: * 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	K 324		6/16/25

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K 324	Continued From page 3 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. 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	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. The facility will continue to have a trained service technicians every 6 months and those records will be retained. 4. The results of the inspections will be reviewed by the DCNH Administrator monthly and reviewed at the DCNH Quality Assurance meeting. The inspections will be reviewed monthly X 3 months. This has been implemented 6/16/2025	

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K 324	Continued From page 4 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 1- Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed in the past year. 2- Semi-annual inspection reports of testing and inspection of the Kitchen Hood suppression system was not available at the time of the survey. Failure to conduct inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing	K 353		6/16/25

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K 353	Continued From page 5 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 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 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:	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 facility will complete the automatic sprinkler inspection monthly. The facility will complete a quarterly flow tests of the automatic sprinkler system as required. 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	

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K 353	Continued From page 6 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. An outside vendor completed an annual inspection on 07/17/2024. No other documentation was available indicating a flow test had been completed in the past year. 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. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	DCNH Administrator monthly x 3 months	
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.	K 712	1. The facility failed to conduct fire drills as required.	6/16/25

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K 712	Continued From page 7 Fire drill records review determined: 1) No fire drills were conducted on the third Shift during the fourth quarter in 2024. 2) No fire drills were conducted on the second Shift during the first quarter of 2025. 3) No drills were conducted on the first shift during the second 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 three (3) of twelve (12) drills in the past year.	K 712	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 will be done monthly x 3 months and will be implemented 6/16/2025	