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 _____	03/29/2023

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 03/29/2023 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 | 04/19/2023

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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	355080	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/29/2023**

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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 tests, for	4/25/23

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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. Review of records indicated the facility failed to conduct monthly 30-second or a 90-minute annual test of the emergency battery back-up light in the past year. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency battery back-up light in the building.	K 291	not less than 30 seconds. The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. Functional testing shall be conducted annually for a minimum of 1 hours if the emergency lighting system is battery powered. The emergency lighting equipment shall be fully operational for the duration of the tests. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 4. The results of the inspections will be given to the DCNH Administrator and reviewed at DCNH Quality Assurance Meeting. The inspections will be done Monthly X 3 months. 5. Completion date 04/25/2023	
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing	K 325		4/25/23

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K 325	Continued From page 2 * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: The facility failed to install alcohol-based hand rub dispensers in accordance with 8.7.3.1. Observation determined an alcohol-based hand rub dispenser in the Therapy Room was located directly above an Electrical Outlet. Failure to install alcohol-based hand rub dispensers in accordance with 8.7.3.1 increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous dispensers in the facility.	K 325	1. The facility failed to install alcohol-based hand rub dispensers in accordance with 8.7.3.1. 2. The entire facility has the potential to be affected by this deficient practice. 3. The Maintenance dept will be in-serviced on the NFPA 101 ABHR and safety inspections will be completed monthly and added to the safety round inspection form and addressed at the DCNH safety meetings. 4. The results of inspections will be given to the DCNH Administrator and reviewed at DCNH Quality Assurance Meeting and inspections will be done monthly X 3 Months. This inspection will be implemented 4/25/2023. 5. Completion date 4/25/2023	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		4/25/23

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K 353	Continued From page 3 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 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.	K 353	1. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. 2. The entire facility has the potential to be affected by this deficient practice. 3. The Maintenance supervisor will complete inspections and this will be added to the monthly safety rounds inspection form and addressed at DCNH Safety Meetings. The record of system will include: Date sprinkler system last checked _____Who provided system test _____Water system	

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K 353	Continued From page 4 Record review determined quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate a flow test was conducted during the first quarter of 2023, and the second and fourth quarters of 2022. 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	supply source_____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 4. The results of the inspections will be given to the DCNH Administrator and reviewed at DCNH Quality Assurance Meeting. The inspections will be done monthly X 3 months. The inspections will be implemented 4/25/2023. 5. 04/25/2023	
K 712 SS=F	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. Documentation was not available to determine fire drills were conducted on the following shifts: 1- The third shift during the first quarter of 2023. 2- The first, second, and third shifts during the	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	4/25/23

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K 712	Continued From page 5 second quarter of 2022. 3- The first, second, and third shifts during the third quarter of 2022. 4- The first and second shifts during the fourth quarter of 2022. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected nine (9) of twelve (12) drills in the past year.	K 712	shift. The staff will be in-serviced on the procedures 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 DCNH Safety Meetings. 4. The results of inspections will be given to the DCNH Administrator and reviewed at DCNH Quality Assurance Meeting and inspections will be done monthly X 3 months. This will be implemented 4/25/2023. 5. 04/25/2023	