

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

PRINTED: 03/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2015
NAME OF PROVIDER OR SUPPLIER DUNSEITH COM NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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
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 42CFR 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 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 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. 7.9.3 Review of records indicated the facility failed to conduct an annual 1 1/2-hour test on the emergency battery pack lights.	K 046	1.) An annual required 1 1/2 hour test on emergency lighting system will be conducted by the Maintenance Supervisor and then annually thereafter. 2.) The entire facility has the potential to be affected by this deficient practice. 3.) The written records of functional testing on the emergency lighting system form will be revised so the tester will only need to check the area for length of test time so errors of documenting correct time of test will be eliminated.		11/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/10/2015

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 046	Continued From page 1 Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 046	4.) The Maintenance Supervisor will monitor all tests of the emergency lighting system and this will be reviewed at the scheduled Quality Assurance Meeting for 3 months. 5.) The corrective action will be completed by 11-24-2015.	12/10/15	
K 062 SS=D	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: Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 19.7.6, 4.6.12, NFPA 25, 2-2.1.1 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. Observation determined the sprinklers in Resident Rooms 116 and 117 had paint on them and were no longer deemed in reliable operating condition.	K 062	1.) The sprinkler in Resident Rooms 116 and 117 will be replaced. Viking Automatic Sprinkler Co. will inspect and replace any sprinklers that are not free of corrosion, foreign materials, paint and physical damage and shall be installed in proper orientation. 2.) The entire facility has the potential to be affected by this deficient practice. 3.) The Maintenance Supervisor will conduct a monthly inspection of automatic sprinkler system sprinklers to assure they are free of corrosion, foreign materials, paint and physical damage and will replace sprinklers as needed. 4.) The Maintenance Supervisor will monitor all sprinklers monthly for 3 months to assure compliance. The results of these inspections will be reviewed at the scheduled Quality		

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K 062	Continued From page 2 Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 062	Assurance Meeting. 5.) The corrective action will be completed by 12-10-2015.	12/15/15	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 3-4.1.1.15 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there was no remote annunciator located outside of the Generator Room at a work site readily observable by personnel. Failure to ensure emergency generators are in	K 144	1.) A remote annunciator panel will be installed at the Nursing Station where it can be readily observed by personnel. 2.) The entire facility has the potential to be affected by this deficient practice. 3.) Installation of the remote annunciator panel will not need any further measures. 4.) Once the remote annunciator panel is installed, no monitoring will be needed. 5.) The corrective action will be completed by 12-15-2015.		

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K 144	Continued From page 3 compliance with NFPA 99 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 144			