| 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**<br>B. WING _____ | **10/20/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **DUNSEITH COM NURSING HOME** | **15 1ST ST NE**<br>**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 |
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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>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.<br><br>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 038 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure exit access was readily accessible at all times.<br><br>Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 | K 038 | 1. The water fountain in the hallway will be removed so there in no object over 3 1/2 inches extending in the hallway. This will ensure exit access is readily accessible at all times.<br>2. The entire facility has the potential to be affected by this deficient practice.<br>3. Once water fountain is removed, no measures or systemic changes will be needed to ensure this does not recur.<br>4. Once the water fountain is removed, no monitoring is needed. | 10/31/16 |

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

Electronically Signed | 11/10/2016

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| K 038 | Continued From page 1<br>Observation determined a water fountain that was located in the west exit corridor extended approximately fourteen (14) inches from the corridor wall.<br><br>The corridor was eight (8) feet clear width at all other locations.<br><br>Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire.<br><br>The deficiency affected egress from one (1) of one (4) smoke compartments in the facility. | K 038 | | |
| K 052<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7,<br>This STANDARD is not met as evidenced by:<br>The facility failed to test the fire alarm system as required.<br><br>Review of fire alarm system test records dated 07/08/2016 indicated the following devices were not tested as required by NFPA 72, National Fire Alarm Code:<br><br>1) Three (3) audio/visual devices were not tested.<br><br>2) Nine (9) audible signal devices were not tested. | K 052 | 1. Simplex Grinnell will complete a new 2016 Fire Alarm Inspection Report that indicates all fire alarm devices were tested as required. The number of devices was incorrectly reported on the last report. The contractor returned and all systems were tested and found in compliance on the new report.<br>2. The entire facility has the potential to be affected by this deficient practice.<br>3. At the next annual Fire Alarm Inspection the Maintenance Supervisor or assigned DCNH staff will review the | 10/28/16 |

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| K 052 | Continued From page 2<br><br>Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire.<br><br>The fire alarm system serves the entire facility.<br><br>Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3. | K 052 | report submitted to assure all fire alarm devices are tested for functioning as required by regulations.<br>4. The monitor report will be reviewed at the Quality Assurance Committee Meeting. | |
| K 062 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system. (Heat from a fire stratifies to the suspended ceiling and travels along the suspended ceiling to activate the sprinkler. When suspended ceiling tiles are missing or damaged, it delays the activation of the automatic fire sprinkler system.)<br><br>Observation determined the suspended ceiling tiles were missing in the area directly above two (2) of two (2) compressors adjacent to the walk-in freezer and walk-in cooler.<br><br>Failure to to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system increases the risk of injury and death due to fire.<br><br>This deficiency affected one (1) of four (4) smoke compartments in the building. | K 062 | 1. An authorized contractor will construct a smoke compartment using regulation approved materials enclosing the compressor area. Then another authorized contractor will relocate the sprinkler head to meet full regulation compliance.<br>2. The entire facility has the potential to be affected by this deficient practice.<br>3. No measures or systemic changes will be needed to ensure this does not recur once the smoke compartment is installed.<br>4. No monitoring will be needed once the construction process is complete. | 12/3/16 |

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| K 144 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. 6-3.6.<br><br>Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.<br><br>Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals during the past twelve (12) months.<br><br>Failure to inspect and maintain the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) emergency generator which provides all emergency power to the facility. | K 144 | 1. The emergency storage generator battery will be inspected/tested at intervals of no more than 7 days by the Maintenance Supervisor or assigned DCNH staff to assure it has the proper specific gravity.<br>2. The entire facility has the potential to be affected by this deficient practice.<br>3. The Maintenance Supervisor or assigned DCNH staff will document completion of the test.<br>4. The Maintenance Supervisor will monitor all tests for 3 months. The results will be reviewed at the Quality Assurance Committee Meeting. | 11/18/16 |