RECEIVED
JUL 25 2011
DIVISION OF LIFE SAFETY
AND CONSTRUCTION

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 _____	07/11/2011

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
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. This facility is located in a one-story building of Type V (000) construction with a partial basement. The building is protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Note: The fire rated doors at the lower level of each stair enclosure provide the fire separation between the basement and the main floor for the stair openings.	K 000		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: The owner or occupant of a property in which fire extinguishers are provided for the protection of the structure and the hazardous combustible contents, must give proper attention to the inspection, maintenance and recharging of the fire protection equipment. The facility failed to inspect the portable fire extinguishers on a monthly basis. Observation	K 064	K 064 1. The Maintenance Supervisor inspected and initialed all portable fire extinguishers in the facility on 7-11-11. 2. All portions of the facility that need portable fire extinguishers have the potential to be affected by this deficient practice. 3. The Maintenance Supervisor will chart on a preventative maintenance sheet monthly that all portable fire extinguishers were inspected and inspection tags were initialed. 4. The Maintenance Supervisor will monitor 1 time each month until 100% compliance for 2 consecutive months that all portable fire extinguishers are inspected, inspection tags are initialed and the monthly preventative maintenance sheet is completed. This will be reviewed at the regularly scheduled Safety Meeting. 5. The corrective action will be completed by 7-27-11.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jewell Brenno	Nursing Home Administrator	7/22/11

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.

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 _____	07/11/2011

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
K 064	Continued From page 1 showed the inspection tags on extinguishers located in the Boiler Room and at the bottom of the North Stairwell have not been initialed to indicate a monthly inspection during June 2011.	K 064		