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	08/04/2009

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) and NDAC 33-07-04.2-09(1)(c). 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 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Where a fire alarm signaling system is serving the occupancy where the extinguishing system is located, the activation of the kitchen hood automatic fire-extinguishing system must activate the fire alarm signaling system. NFPA 96, 10-6.2 The facility failed to provide a cooking equipment fire extinguishing system in compliance with NFPA 96. Fire alarm test records indicated the kitchen hood extinguishing system was not connected to the fire alarm system.	K 069	K069 1. A new switch will be installed in the kitchen hood automatic fire extinguishing system that will activate the fire alarm signaling system by an electrician. Simplex will connect to the fire alarm signaling system and assure it is operational. 2. All residents and areas have the potential to be affected by this deficient practice. 3. See #1 4. The system will be added to the contract list of areas to be inspected annually by Simplex. The results will be reviewed by the Maintenance Supervisor and Administrator to assure the system is operational. This will be also reviewed at the Quality Assurance Meeting. Completion Date: 8-31-09	
K 130 SS=F	NFPA 101 MISCELLANEOUS	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jewell Brenna	Nursing Home Administrator	8-14-09

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 _____	08/04/2009

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K 130	Continued From page 1 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Records review determined the facility failed to provide documentation of quarterly inspection of the emergency generator electrical transfer switch.	K 130	K130 1. The Maintenance Supervisor will conduct quarterly inspections of the emergency generator electrical transfer switch and document the inspection as required. 2. All residents and areas have the potential to be affected by this deficient practice. 3. The Maintenance Supervisor will set up a scheduled time during each quarter to conduct the inspection. He will give the Administrator documentation that the inspection was completed. 4. The Administrator will monitor the documentation 1 time each quarter until 100% accuracy is completed for 2 quarters to assure the inspection is completed as required. This will also be reviewed at the Quality Assurance Meeting. Completion Date: 8-29-09	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2	K 143		

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K 143	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the transferring of liquid oxygen location met NFPA 99, Standard for Health Care Facilities. To comply with the 1-hour fire-resistive construction requirement, a 45-minute fire rated door must be provided. Observation determined the door to the liquid oxygen transfilling room had no self-closing device or label indicating the fire protection rating.	K 143	K 143 1. The Maintenance Supervisor will install a 1-hour fire rated door with a label indicating the fire protection rating and a self closing device in the liquid oxygen transfilling room. 2. All residents and areas have the potential to be affected by this deficient practice. 3. See #1 4. The Maintenance Supervisor will monitor the door 1 time per month to assure the door is closing properly until 100% accuracy is achieved for 2 months. Results will be reviewed at the Quality Assurance Meeting. Completion Date: 8-27-09	