

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

PRINTED: 09/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION SEP 16 2013	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2013
---	--	--	--

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 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: Cooking equipment that produces grease-laden vapors and that might be a source of ignition of grease in the hood, grease removal device, or duct shall be protected by fire-extinguishing equipment. Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior reevaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire-extinguishing system. An approved method shall be provided that will ensure that the appliance is returned to an approved design location. All deep fat fryers shall	K 069	#1. Fire Extinguishing Systems Inc. will remodel the surface protection at the facility to ensure the deep fat fryer in the kitchen will be under the stove hood of the fire extinguishing system. They will extend the surface protection line 18 inches, then add an elbow and another 24 inch drop and a nozzle that is sized for the deep fat fryer. An 8 inch steel baffle plate will be installed on the stove to protect surface flames. With this course of action the system will meet the National Fire Protection Association codes for fire suppression systems. #2. No other portions of the facility have the potential to be affected by the same deficient practice. #3. Once the corrective action has been accomplished, no other measures or systematic changes will be needed. #4. No monitoring will be needed once the corrective action is accomplished. #5. The corrective actions will be accomplished by October 9, 2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Timothy J. Brenna, Nursing Home Administrator</i>	TITLE <i>Nursing Home Administrator</i>	(X6) DATE <i>9/13/2013</i>
---	--	-------------------------------

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.

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

PRINTED: 09/06/2013
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 08/28/2013
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 069	Continued From page 1 be installed with at least a 16-inch space between the fryer and surface flames from adjacent cooking equipment. Where a steel or tempered glass baffle plate is installed at a minimum 8 inch in height between the fryer and surface flames of the adjacent appliance, the requirement for a 16 inch space shall not apply. The facility failed to ensure a deep fat fryer in the kitchen was located under the hood of the fire extinguishing system with a fire protection nozzle provided. Records review determined the report from the contracted fire extinguishing service company indicated "a small single vat electric fryer on the right side of the hood was unplugged when not in use has no fire protection, a nozzle would need to be added". Observation determined the deep fat fryer was located in the kitchen stored at an area remote from the fixed hood fire extinguishing system.	K 069			