STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW FORMAN, ND 58032

(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 42 CFR 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. The building had a crawl space beneath. The building was protected by a dry automatic fire sprinkler system designed to comply with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000	K 047 Approved signage has been ordered and will be installed on both sides of the cross-corridor doors located east of Resident Room C7. This will insure that the exit is obviously and clearly identified. Completion date 10/21/2014. 1 Responsible: Maintenance Supervison.	10/21/14
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure exits were marked by approved signage that was readily visible from any direction of exit access and that obviously and clearly identified the exit. 7.10.1.2 Observation determined that exit signs were not installed on either side of the cross-corridor doors located east of Resident Room C7. Failure to provide exit signage as required increases the risk of death or injury due to fire. The deficiency affected exiting in one (1) of two (2) smoke compartments in the facility.	K 047		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dee Cowlson, RHA — TITLE: Administrator — (X6) DATE: 09-29-14

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.

emailed 10-1-14

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K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Record review indicated the smoke detector in the corridor outside of Resident Room B1 failed when tested on 06/20/2014 and had not been replaced. Failure to maintain smoke detectors as required increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous smoke detectors in the facility.	K 054	K054 The smoke detector located in the corridor outside of Resident Room B1 has been replaced as of 9/25/2014. Facility will follow up with Simplex Grinnel to insure that any faulty equipment is replaced after inspection. Responsible: Maintenance Supervisor and testing Company.	10/21/14
K 062 SS=F	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: All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate.	K 062		

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K 062	Continued From page 2 Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible. 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. On 09/15/2014, no record of the required annual back flow preventer test was available. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected one of numerous required tests of the automatic sprinkler system, which serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2	K 062	K062 Nova will be here by 10/21/2014 to conduct backflow valve test. This new test will be included with every annual inspection of the sprinkler system. Responsible: Maintenance Supervisor	10/21/14
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.	K 144		

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K 144	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. 1) All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the generator room. 2) Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals as required. Failure to inspect and maintain the emergency generators in accordance with NFPA 99 and NFPA 110 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	K144 A tamper-proof Emergency shut-off switch will be installed outside boiler room that contains the generator by 10/21/2014. Generator battery will be tested Weekly, while generator is running with approved tester. The results will be logged on the weekly generator test sheet, beginning on 9/23/2014. Responsible: Maintenance Supervisor.	10/21/14