FORM APPROVED
OMB NO. 0938-0391

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

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	09/25/2013

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 and crawl space were 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 050 SE	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: The facility failed to conduct quarterly fire drills on each shift. Record review showed that fire drills were not conducted on the following shifts: 1) Third shift during the fourth quarter of 2012 2) First and third shift during the first quarter of	K 050	K050 Fire drills will be held at unexpected times under varying conditions at least quarterly on each shift. Beginning 10-01-13, all drills will be recorded and logged and submitted to QA Committee quarterly. Responsibility: Administrator and Maintenance Supervisor.	10-01-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
DeVe Cookson, RHIA	Administrator	10-07-201

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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K 050	Continued From page 1 2013. 3) First shift during the second quarter of 2013.	K 050		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was in compliance with NFPA 72. Fire alarm connections to the light and power service need to be on a dedicated branch circuit. The circuit and connections need to be	K 051	K051 A mechanical locking device has been installed on the fire alarm electrical circuit breaker making it accessible only to authorized personnel. Responsible: Maintenance Supervisor and Administrator.	09/26-13

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K 051	Continued From page 2 mechanically protected. Circuit disconnection means must have a red marking, be accessible only to authorized personnel, and be identified as Fire Alarm Circuit Control. Observation showed the facility failed to provide a mechanical locking device on the fire alarm electrical circuit breaker. The electrical panel containing the fire alarm circuit is located at the nurse station.	K 051	K062 - KH ~~K052~~ To ensure the automatic sprinkler system is continuously maintained in reliable operating condition, this facility will conduct quarterly tests and maintenance of the sprinkler system. and documentation on logs will be maintained and submitted to the QA committee.	
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: 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. Sprinkler record review determined the facility failed to conduct quarterly tests and maintenance of the sprinkler system. Records indicated quarterly tests were not completed from August 2012 to August 2013.	K 062	Responsible: Maintenance Supervisor and Administrator.	10-01-13