

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

PRINTED: 12/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355103		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2015	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS HEALTH CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 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 025	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined unsealed cable penetrations above the cross-corridor smoke			K 025	Fire proof sealant will be used to fill around the cable penetrations above the cross-corridor smoke barrier doors. The maintenance man will apply said sealant by October 1, 2015.		10/1/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/10/2015

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 025	Continued From page 1 barrier doors. Failure to maintain smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected two (2) of two (2) smoke compartments in the facility.	K 025	Any of our smoke barriers have the potential to be affected when outside service people come in the facility and do work. Therefore whenever outside entities come in to work at the facility, upon completion of said job the maintenance man will inspect the smoke barriers to make sure that they are properly sealed. The maintenance man will check the smoke barriers once a month. He will complete a Q.A. report on these checks.	10/1/15	
K 050	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 fire drills as required. Fire drill records review determined the facility failed to conduct a Day Shift fire drill during the first quarter of 2015. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 050	During the month of January we completed two fire drills on our Night shift (10pm - 6 am) and one on the PM shift (2pm-10pm)but did not complete a day shift (6am to 2pm)fire drill. We cannot go back and correct this as the date has already passed. However, moving forward a fire drill will be completed monthly on each shift for 6 months, then		

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K 050	Continued From page 2 The deficiency affected one (1) of twelve (12) drills in the past year.	K 050	quarterly thereafter. The maintenance man, D.O.N. or Administrator will complete a Q.A. report on fire drills. The completion date for this deficiency will be 10/01/2015.		