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 _____	**10/29/2018**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). 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 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. A two-hour fire resistance rated barrier provided separation to a building attached to the northwest side of the nursing facility housing assisted living apartments.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their	K 211	The Maintenance Supervisor will inspect all fire-rated door assemblies throughout the facility. He will document his findings for each door on the FSHCC Fire Door	12/13/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/08/2018

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 211	Continued From page 1 accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected all fire rated door assemblies throughout the facility.	K 211	Assembly Form and give the completed form to the Administrator and keep a copy of the completed form for his records. All fire doors throughout the facility have the potential to be affected by this deficient practice. Therefore all fire rated door assemblies will be inspected on a monthly basis for the remainder of 2108, quarterly thereafter for one (1) year and then annually thereafter. The Maintenance Supervisor and/or the Administrator will report findings to the Q.A.P.I. team on a quarterly basis for one (1) year.	
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly,	K 291	Corrective Action was taken on 11/5/2018 for the emergency light(s) located in the boiler room, the "pit" and the whirlpool tub room. The Maintenance	12/13/18

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K 291	Continued From page 2 with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. 1) Record review determined monthly and annual testing of the emergency battery-powered emergency lighting system was not documented. 2) Observation determined the battery powered emergency light in the Whirlpool Room failed to illuminate when tested. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	Supervisor and Administrator completed the required thirty (30) second test on these lights. The lights in the boiler room and the "pit" illuminated for 30 seconds per regulation. The whirlpool room emergency light did not illuminate at all, therefore the Administrator ordered a new emergency light for the whirl pool tub room on 11/5/2018. The new emergency light will be installed upon receipt and the mandatory 30 second test will be conducted and documented on the FSHCC ER Lighting tracking form. The ER Lighting tracking form will be given to the Administrator upon completion and a copy will be kept by the Maintenance Supervisor. There are no other emergency lights in the facility. The annual testing of the ER Lights in the boiler room, "pit" and whirl pool tub room will be completed and documented on the FSHCC ER Lighting Annual Test tracking form by 12/13/2018. The FSHCC ER Lighting Annual Test tracking form will be given to the Administrator and a copy will be kept by the Maintenance Supervisor. The monthly thirty (30) second test will be completed weekly throughout the remainder of 2018 and then monthly thereafter. All results will be documented on the above mentioned tracking form and the form will be given to the Administrator and a copy kept by the Maintenance Supervisor. The Maintenance Supervisor and / or Administrator will report the monthly and	

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K 291	Continued From page 3	K 291	annual testing results to the Q.A.P.I. team at the regularly scheduled quarterly Q.A.P.I. meetings for one (1) year.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a	K 321	The holes in the Soiled Utility room were	12/13/18

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K 321	Continued From page 4 fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and doors. Observation determined the corridor door to the Soiled Utility Room had two (2) unsealed penetrations. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	filled with fire proof caulk on 11/7/2018. All corridor doors in the facility have the potential to be affected by this deficient practice, therefore all corridor doors will be inspected on a monthly basis for the remainder of 2018. Then all corridor door will be inspected once every three months for a year and then yearly thereafter. The results of the inspection will be documented on the FSHCC Door Inspection Sheet. This form will be given to the Administrator and the Maintenance Supervisor will keep a copy for his records. The Maintenance Supervisor and / or Administrator will report the findings of the Door Inspection to the Q.A.P.I team at their regularly scheduled meeting for one (1) year.	
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment.	K 341		12/13/18

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K 341	Continued From page 5 Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: The power source of non-power-limited fire alarm circuits shall comply with Chapters 1 through 4, and the output voltage shall be not more than 600 volts, nominal. The fire alarm circuit disconnect shall be permitted to be secured in the "on" position. NFPA 70, National Electrical Code. 760.41(A) The branch circuit supplying the fire alarm equipment(s) shall supply no other loads. The location of the branch-circuit overcurrent protective device shall be permanently identified at the fire alarm control unit. The circuit disconnecting means shall have red identification, shall be accessible only to qualified personnel, and shall be identified as "FIRE ALARM CIRCUIT." The red identification shall not damage the overcurrent protective devices or obscure the manufacturer's markings. NFPA 70 760.41(B) The facility failed to ensure the fire alarm system was in compliance with NFPA 70. Observation determined the electrical circuit breaker providing power to the fire alarm system was not secured in the "on" position. Failure to secure the electrical circuit breaker for	K 341	The electrical circuit breaker (#14) located on Sub Panel B in the Villa's Assisted Living mechanical room had a lock placed on it. This deficient practice affected the whole building as the fire alarm that is wired to breaker #14 serves the entire building. The Maintenance Supervisor will check to insure that this breaker remains locked in the "on" position on a monthly basis throughout the remainder of the year. He will then check that this breaker is locked in the "on" position on a quarterly basis. The Maintenance Supervisor will document his finding on the FSHCC Breaker Panel Form. This form will be given to the Administrator and a copy will be kept by the Maintenance Supervisor in his records. The Maintenance Supervisor and / or Administrator will report the findings to the Q.A.P.I. team at their regularly scheduled meeting for one (1) year.	

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K 341	Continued From page 6 the fire alarm system in the "on" position increases the risk of injury or death due to fire. This deficiency affected the entire facility. The fire alarm system serves the entire building.	K 341		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6,	K 353	The monthly inspection of the control valves and gauges of the automatic sprinkler system will be completed and documented by the Maintenance Supervisor. This deficient practice affected the whole facility as the automatic sprinkler system serves the entire facility. The automatic sprinkler control valves	12/13/18

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K 353	Continued From page 7 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. Failure to inspect, 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 the complete automatic sprinkler system, which serves the entire facility.	K 353	and gauges will be inspected on a weekly basis for the remainder of the year. Then they will be checked on a monthly basis thereafter. A Q.A. form will be created for the weekly and monthly checks. This form will be completed by the Maintenance Supervisor. This form will be given to the Administrator and the Maintenance Supervisor will retain a copy for his records. The Maintenance Supervisor and / or Administrator will report the results to the Q.A.P.I team at their regularly scheduled meetings for one (1) year.	
K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by:	K 711		12/13/18

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K 711	Continued From page 8 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire 19.7.2.2 The facility failed to provide a fire safety plan as required. Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected the required fire safety plan for the entire facility.	K 711	The monthly fire drill report was updated to include "manual call to 911". The FSHCC Fire Policy in the Emergency Preparedness Book was updated to include the step to manually call 911 under the Charge Nurse duties section. This deficient practice has the potential to affect the whole facility. All staff will be educated on the updated fire policy in writing. The new fire drill report form will be used on a monthly basis. The Administrator and / or the Maintenance Supervisor will discuss the fire drill reports on a quarterly basis with the Q.A.P.I team at their regularly scheduled meeting for one (1) year and then annually thereafter.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a	K 712		12/13/18

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K 712	Continued From page 9 coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined fire drills did not include the simulation of an emergency phone call to fire department during the months of December 2017, and January, February, March, April, May, June, July and September 2018. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected nine (9) of twelve (12) drills in the past year.	K 712	Corrective action cannot be taken for the months of December 2017, January, February, March, April, May, June, July or September of 2018 as those months have already passed. This deficient practice has the potential to affect the whole facility. Moving forward; the fire drill report now includes the "911 called". This new form will be used at all future fire drills. We will conduct a fire drill on each shift (AM, PM and Night) during the month of November. Education will also be given to all staff on the revised Fire Policy. The Maintenance Supervisor and / or Administrator will report to the Q.A.P.I team the results of the fire drill at their regularly scheduled meetings for one (1) year.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		12/13/18

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K 918	Continued From page 10 Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:	K 918	Corrective Action cannot be taken for the weeks and months that have passed. Moving forward the annual load test will be completed on the generator once a month for the remainder of 2018. The results of the test will be documented on the FSHCC Generator Annual Load test Form. This form will be given to the Administrator and the Maintenance Supervisor will keep a copy of this form for his records. The deficient practice has the potential to affect the entire building as this	

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K 918	Continued From page 11 (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Review of generator test records did not indicate: 1) The minimum exhaust temperature provided by the manufacturer was achieved or the monthly exercise of the diesel generator loaded the generator to at least 30% (11 kW) of the nameplate rating. The nameplate rating of the generator was 35 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended minimum exhaust gas temperatures were achieved during	K 918	generator provides all emergency power to the facility The weekly inspection of the generator will be completed and documented on a weekly basis on the FSHCC Weekly Generator Test form. This documentation will be given to the Administrator and the Maintenance Supervisor will keep a copy for his records. The Maintenance Supervisor and or Administrator will report the results of the weekly generator test and the annual load test to the Q.A.P.I team on a quarterly basis for one (1) year.	

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 _____	**10/29/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 918	Continued From page 12 the required monthly exercises. 2) The weekly inspection of the emergency generator was not conducted for all months during the past year. 3) The monthly testing of the emergency generator was not conducted for all months during the past year. Failure to inspect and maintain 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 918		