STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING **01** B. WING _____	**09/19/2022**

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
E 000	Initial Comments A recertification survey conducted on 09/19/2022 found Four Seasons Health Center Inc in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies, 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. An addition of Type V (111) construction was attached to the north end of the existing building in 2019. The addition was surveyed using Chapter 18. The building was protected by a wet and 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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier	K 321		11/1/22

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

Electronically Signed | 10/05/2022

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K 321	Continued From page 1 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 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	K 321	Tag 0321 - NFPA 101 Hazardous Areas - Enclosure (LSC 2012 Health Existing) Observation determined: 1) The door to the old Restorative Room near the Kitchen failed to self-close and latch into the door frame. The room was	

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K 321	Continued From page 2 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined: 1) The door to the old Restorative Room near the Kitchen failed to self-close and latch into the door frame. The room was more than 50 square feet and was used to store combustible materials. 2) The corridor door to the Soiled Utility Room near the Nurses Station failed to self-close and latch into the door frame. 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 two (2) of numerous hazardous areas in the facility.	K 321	more than 50 square fee and was used to store combustible materials. POC: The door to the old Restorative Room will remain closed and locked until the corrective measure is completed as follows. The Maintenance supervisor will install a self-closure on the door to the old Restorative Room near the Kitchen. This will allow the door to close on its own to be in compliance. 2) The corridor to the Soiled Utility Room near the Nurses Station failed to self-close and latch into the door frame. POC: The Maintenance supervisor will modify the fire door to be in compliance for proper closure to the Soiled Utility Room near the Nurses Station. The modification of the door will allow the door to self-close and latch into the door frame to ensure hazardous areas are separated from other spaces by smoke-resisting partitions. POC for 1 & 2: The Maintenance supervisor will inspect all Hazardous Areas - Enclosures throughout the facility on a monthly basis. He will document his findings, modifications completed, or new closure installed at the time of monthly inspection. The Maintenance supervisor will report findings at the quarterly QAPI meetings for one year.	
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101	K 374		11/1/22

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K 374	Continued From page 3 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: The facility failed to ensure doors in smoke barrier walls were self-closing and resisted the passage of smoke. 19.3.7.6, 19.3.7.8, 19.3.7.9. Observation determined the double set of cross-corridor doors in the north smoke barrier failed to self-close to the fully closed position and resist the passage of smoke. Failure to ensure smoke barrier doors were self-closing and resisted the passage of smoke increases the risk of injury and death from fire. This deficiency affected one (1) of three (3) sets of cross-corridor doors in smoke compartments in the facility.	K 374	Tag 0374 - NFPA 101 Subdivision of Building Spaces - Smoke Barrier (LSC 2012 Health Existing) Observation: The Double set of cross-corridor doors in the North smoke barrier failed to self-close to the fully closed position and resist the passage of smoke. POC: The Maintenance supervisor will modify the fire door to be in compliance for proper closure of the double set of cross-corridor doors in the north smoke barrier to resist the passage of smoke. The doors while being modified will be tested until they shut and latch for proper closure to be in compliance. The Maintenance supervisor will inspect	

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K 374	Continued From page 4	K 374	all fire-rated door assemblies throughout the facility on a monthly basis. He will document his findings and will keep them with the monthly fire drill forms. Any abnormal findings will show documentation of the problem, modification required, corrective action, and completion date. The Maintenance supervisor will report findings at the quarterly QAPI meetings for one year.	