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 _____	**09/21/2021**

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 09/21/2021 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 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges,	K 211		9/30/21

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

Electronically Signed | 09/30/2021

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K 211	Continued From page 1 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: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Door openings not in proper operating condition shall be repaired or replaced without delay. 7.2.1.15.2, 7.2.1.15.8, 4.6.12 The facility failed to maintain fire rated door assemblies. Observation determined the west leaf of the cross-corridor doors in the 2-hour construction separation wall at the 2019 Addition failed to self-close and latch when tested. Failure to maintain fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous fire rated door assemblies throughout the facility.	K 211	The Maintenance Supervisor on 9/27/2021 modified the fire door to be in compliance for proper closure of the west leaf of the cross-corridor doors in the 2-hour construction separation wall at the 2019 Addition. The modification of the fire door completed allowed the door to shut and latch for proper closure when tested after completion. The Maintenance Supervisor will inspect all fire-rated door assemblies throughout the facility on a monthly basis. He will document his findings monthly with the monthly fire drills that are conducted. The findings will be kept with the monthly fire drill forms completed at the time of the fire drill. Any abnormal finding during these monthly fire drills will be addressed with findings and plan of correction if warranted. The Maintenance Supervisor will report findings to the QAPI team on a quarterly basis for one year.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National	K 345		10/5/21

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K 345	Continued From page 2 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 18.3.4.1, 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. Carbon monoxide detectors/systems shall be tested annually. NFPA 72, Table 14.4.5 item 17(b). Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 06/22/2021 by an outside company indicated the carbon monoxide detector in the North Wing Lounge was not tested in the past year. Failure to test the fire alarm system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) carbon monoxide detector in the facility. The fire alarm system serves the entire facility.	K 345	The deficit of the carbon monoxide detector not being tested in the North Wing Lounge in the last year. These tests are completed by an outside entity who was in the facility on 6/22/2021, but was not documented as being tested. The failure to test the carbon monoxide detector increases the risk of death and injury due to fire as the fire alarm system serves the entire facility. Summit Fire Protection Systems was contacted on 9/30/2021 by the Maintenance Supervisor regarding the Carbon Monoxide detector needing to be tested. A service provider will be here on 10/5/2021 to check the carbon monoxide detector and to service it if warranted. The service provided will be documented by Summit and the Maintenance Supervisor for FSHCC records and will be documented on all future testing of the systems.	

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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, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25.	K 353	The automatic sprinkler systems are to be continuously maintained in reliable operating condition and are inspected and tested regularly. The dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10 year intervals. This was not completed in this time frame and the deficiency affects the complete automatic sprinkler system, which serves the entire facility. Nova, an outside entity that completes these inspections and tests was contacted by the Maintenance Supervisor	10/31/21

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K 353	Continued From page 4 Dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, 5.3.1.1.1.6 Record review and interview with staff determined the dry-type sprinklers in the facility in service more than 10 years had not been replaced or successfully sample tested in the last ten (10) years. 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	on 9/30/2021. Nova will be sending out a representative the first week of October to complete the task of testing or replacing the Dry head type automatic fire sprinklers. The process if all are to be replaced will be completed by the end of October, this is if parts are not available at time of inspection. Documentation of date of inspection, testing, and replacement will be kept by the Maintenance Supervisor. The next date for testing or replacement of the dry heads will be marked for completion 9/2031 or prior by Nova.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault	K 511	Numerous electrical receptacles in the kitchen were not ground-fault	10/31/21

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K 511	Continued From page 5 circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, locker rooms with associated showering facilities, garages and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Kitchen Janitor Room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected numerous electrical receptacles in the facility.	K 511	circuit-interrupter protected. One electrical receptacle in the kitchen janitor room within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. Paul's Electric was contacted on 9/30/2021 by the Maintenance Supervisor. They have a technician in Forman that will come out to inspect what needs to be completed for the electrical receptacles to be ground-fault circuit-interrupter protected. They will have the job of replacing all the electrical receptacles in the kitchen and the kitchen janitor closet replaced by the end of October. The documentation of date of initial inspection and date of service will be completed by the Maintenance Supervisor and kept in his records.	
K 918 SS=E	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	K 918		10/4/21

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K 918	Continued From page 6 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. 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: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte	K 918	The monthly testing and recording of the value of the emergency generator battery electrolyte specific gravity or batter conductance testing was not conducted during the past year. The battery was a maintenance free type battery.	

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K 918	Continued From page 7 specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. Defective batteries shall be replaced immediately upon discovery of defects. NFPA 110 8.3.7.1, 8.3.7.2 Record review and interview with staff determined: 1) The monthly testing and recording of the value of the emergency generator battery electrolyte specific gravity or battery conductance testing was not conducted during the past year. The battery was a maintenance free type battery. 2) The weekly inspection of the emergency generator was not conducted for all weeks during the past year. Failure to inspect, test and maintain the emergency generator 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	The weekly inspection of the emergency generator was not conducted for all weeks during the past year. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. A new monthly testing form/checklist for the emergency generator battery electrolyte specific gravity or battery will be completed by the Maintenance Supervisor. The checks will be reviewed by the QAPI team quarterly for a year. A new weekly inspection form/checklist for the emergency generator will be completed by the Maintenance Supervisor in accordance to compliance requirements. These checks will be reviewed by the QAPI team quarterly for a year.	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or	K 923		10/31/21

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K 923	Continued From page 8 limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standards for Health Care Facilities. 19.3.2.4 In oxygen storage rooms containing more than 300 cu. ft. of gas, all electrical wall fixtures must be physically protected or located at least five (5)	K 923	The oxygen storage and transfilling room that contained over 300 cu. ft. of oxygen had a light switch that was unprotected and installed less than five feet above the floor and had combustible materials including coolers, shelves and plywood were stored closer than five feet from the	

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K 923	Continued From page 9 feet above the floor. Electrical devices should be physically protected, such as by use of a protective barrier around the electrical devices, or by location of the electrical device such that it will avoid causing physical damage to the cylinders or containers. For example, the device could be located at or above 1.5m (5 ft) above finished floor or other location that will not allow the possibility of the cylinders or containers to come into contact with the electrical device as required by this section. NFPA 99 5.1.3.3.2, A.5.1.3.3.2(5) The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. Observation determined the Oxygen Storage and Transfilling Room that contained over 300 cu. ft. of oxygen: 1) Had a light switch that was unprotected and installed less than five (5) feet above the floor. 2) Had combustible materials including coolers, shelves and plywood were stored closer than five (5) feet from the oxygen cylinders. This deficiency affected one (1) of three (3) smoke compartments in the facility.	K 923	oxygen cylinders. The Maintenance Supervisor contacted Paul's Electric on 9/30/2021 for the correct placement (5 feet above the floor) and protection of the light switch in the oxygen storage room. Paul's Electric will be sending out an electrician to have this assessed and completed by the end of October 2021. The Maintenance Supervisor will remove all combustible materials including coolers, shelves and plywood from the oxygen storage room by the end of October 2021 to be in compliance with K923.	