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 _____	**10/03/2017**

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 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, 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	K 291	Corrective action has been taken on 10/9/2017. A new Emergency Light has been placed by the generator and in the pit in the boiler room. All unnecessary emergency lights (kitchen and laundry room) have been taken down. The maintenance supervisor will complete a ninety (90) minute test of the emergency	11/15/17

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

Electronically Signed | 10/10/2017

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K 291	Continued From page 1 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) Records 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 Generator 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	lights, document the results and give documentation to Administrator by 11/15/2017. Once a week for three (3) months the emergency lights will be tested by maintenance to insure that they run for 30 seconds. Results will be recorded on calendar. The facility's monthly fire drill report has been modified to include a check of emergency lighting. The maintenance supervisor is responsible for the monthly fire drill reports and will review them once a month for one (1) year with the safety committee and then quarterly thereafter at Quality Assurance meetings.	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2	K 347		11/15/17

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K 347	Continued From page 2 This REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. No records were available to indicate sensitivity testing of the smoke detectors. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 347	Corrective action was taken on 10-9-2017 when Jerry from protection services cane to facility and did sensitivity testing on smoke detectors. (Documentation given to administrator). Once a year protection services checks the fire alarm system and at that time they will also do sensitivity testing on the smoke detectors. This check has been added to the annual walk-thru sheet of the maintenance department. Administrator has placed a yearly reminder in her outlook calendar for the first part of October 2018 as a reminder to contact Nova to complete this task.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an	K 351		11/15/17

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K 351	Continued From page 3 approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(10) Observation determined one (1) sprinkler in the walk-in freezer and one (1) sprinkler in the walk-in cooler located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and cooler were equipped with an automatic defrosting feature.	K 351	Corrective Action was taken on 10-9-2017 when Administrator placed a call to Nova, spoke with Amanda and requested that they come install the correct types of sprinklers for automatic defrosting freezer and walk in cooler. Advised Amanda that this needed to be completed prior to 11/13/2017. Amanda stated she would call when this got scheduled. Once Nova has completed installation of new sprinklers the facility will no longer be deficient. Administrator will document the date that the new sprinklers are installed. Administrator will take photo of completed project and keep for her records.	

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K 351	Continued From page 4 Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351		
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	K 353	Corrective Action can not be taken as the 4th quarter of 2016 has passed and the 1st and 2nd quarters of 2017 have passed. However moving forward the sprinkler gauges and control valve will be checked on a daily basis for two weeks. The maintenance department will	11/15/17

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K 353	Continued From page 5 the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 5.1.1.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of documentation determined: 1) The weekly and monthly inspections of the automatic sprinkler system gauges and control valves were not conducted in the past year. 2) The quarterly inspections of the automatic sprinkler system waterflow devices, valve supervisory alarm devices, hydraulic nameplate, and supervisory signal devices were not completed in the first and second quarter of 2017 and the fourth quarter of 2016. 3) The quarterly testing of the automatic sprinkler system waterflow devices was not completed during the first and second quarter of 2017 and the fourth quarter of 2016. This deficiency affected numerous inspections and tests of the automatic sprinkler system in the past year. The automatic sprinkler system serves the entire facility. Failure to inspect and test the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire.	K 353	document findings on the daily walk thru list. The Sprinkler gauges and control valve will then be checked by maintenance department on a weekly basis. The maintenance supervisor will report the results at the quarterly Q.A. meeting. Corrective action was taken for the quarterly inspections of the automatic sprinkler system waterflow devices, valve supervisory alarms and signals by administrator placing a call to Nova and advising them of deficient practice. Nova will be out by 11/15/2017 to do these quarterly checks. It will be up to the maintenance supervisor to document that these quarterly checks are being completed. He will document these checks on the QA form provided and will report his findings to the QA committee at the quarterly meetings. As an added precaution the administrator has set up a reminder in her outlook calendar for the beginning of January, April, July and October to call and remind Nova of the necessary checks.	
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101	K 355		11/15/17

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K 355	Continued From page 6 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the inspection tags on all fire extinguishers throughout the facility had not been initialed to indicate a monthly inspection during September 2017. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected all portable fire extinguishers in the facility.	K 355	Corrective Action can not be taken as September is already passed. Moving forward the fire extinguishers located throughout the facility will be inspected on the same day that the monthly fire drill is completed. Documentation of the monthly inspection will be on the fire extinguisher tags and on the monthly fire drill report. The maintenance supervisor will review the fire drill reports with the safety committee once fire drill is completed for one year and then quarterly at the Q.A. meeting thereafter.	
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers	K 372		11/15/17

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K 372	Continued From page 7 shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum one-half hour fire resistance rating. 19.3.7.3 The facility failed to ensure smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined the North and South smoke barriers had numerous unsealed electrical conduit and data cable penetrations through the walls above the ceiling near the cross corridor doors. Failure to maintain smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected three (3) of three (3) smoke compartments in the facility.	K 372	Corrective Action was taken on 10/9/2017; when the maintenance department used Fire Proof sealant to fill around the cable penetrations and data cables above the cross corridor smoke barriers. Any of our smoke barriers have the potential to be affected, especially when outside contractors do work in the facility. The maintenance department will check the smoke barriers once a week for one month and then once a month for one year; results will be reported once a week at the am department head briefing. The maintenance supervisor will continue to monitor the smoke barriers once a quarter and will report his findings to the Q.A. committee.	