STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING **01** B. WING _____	**08/18/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	**407 3RD AVE SE** **GARRISON, ND 58540**

(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 August 18, 2021 found Garrison Mem Hosp NSG FAC in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.	E 000		
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 two-story building of Type II (000) construction with a basement. The building had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall constructed to have a two-hour fire resistance rating separated a clinic building to the east from the hospital. The nursing facility occupied the second floor of the hospital. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/18/2021 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected.	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101	K 271		9/10/21

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

Electronically Signed | 09/03/2021

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 271	Continued From page 1 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 19.2.7, 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS S&C-05-38 The facility failed to provide all occupants with safe access to a public way. Observation determined the west exterior exit discharge traversed the lawn to get to a public way. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. The deficiency affected one (1) of three (3) paths of egress from the facility.	K 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/18/2021 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected.	
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101	K 511		9/24/21

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K 511	Continued From page 2 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 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- An electrical receptacle in the Third Floor Nutrition Room was located within 6' of a sink and was not ground-fault circuit-interrupter	K 511	1. Replace all standard 125 volt single phase receptacles located in the kitchen and third floor nutrition room with ground fault circuit interruption outlets. 2. In the future, all outlets within 6 feet of a sink and in the kitchen will be installed with ground fault circuit interruption outlets. 3. We will have a policy in place stating that all 125 volt, single phase, 15 and 20 amp receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, locker rooms associated with showers, garages, and anywhere where receptacles are installed within 6 feet of the outside edge of the sign shall have ground fault circuit interrupter protection outlets. 4. Any staff and outside contractors conducting electrical work will receive a copy of the policy to ensure that the	

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K 511	Continued From page 3 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	hospital stays in compliance with NFPA 70. 5. This correction will be in place by September 24,2021	
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 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 conducted in the past 12 months did not include the simulation of an emergency phone call to the fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected twelve (12) of twelve (12) drills in the past year.	K 712	1. All fire drill reports will have an extra check box indicating a simulated phone call was made to the fire department. 2. We will replace all reports with updated fire drill report. 3. We are going to retrain existing staff and all new staff on the fire drill procedure. 4. Maintenance staff will monitor and train staff as needed.	9/10/21

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K 712	Continued From page 4	K 712	5 This plan will be completed by September 10,2021.	