STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355042	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/24/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN HORIZONS CARE CENTER	104 HWY 12 HETTINGER, ND 58639

(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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). This facility was located in a one-story building of Type V(000) construction with no basement. The building was protected throughout with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000	**The facility has prepared and submitted this plan of correction because of the requirements under state and federal law that mandate submission of a plan of correction to participate in the title 42 program. The submission of the plan of correction should in no way be considered or construed as an agreement with the allegations of non-compliance shall constitute this facility's credible allegation of compliance. This applies to the following tags: K025, K046, K052, & K062.**	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure two (2) of two (2) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) Unsealed spaces in the west smoke barrier wall. The unsealed spaces were in the east side of the wall behind the ceiling-mounted heater.	K 025	**K025** **1)** The unsealed area of the west smoke barrier wall on the east side of the wall behind the ceiling-mounted heating/ cooling unit will be addressed by Maintenance: a) Removing the west face of the wall and insulation for access to address the unsealed area of issue. b) Will fill the area with the required amount of sheet rock and/or fire retardant rated sealer . c) Replace the insulation and/or fill the area with retardant foam to provide the necessary wall rating for this type of smoke barrier. d) Replace the sheet rock removed to provide access, sealed with the fire retardant sealer, texture, and paint. Progress will be documented with pictures and available upon request. **2)** The unsealed spaces in the east smoke barrier wall on the west side of the wall behind the ceiling-mounted heating/ cooling unit will be addressed the same way as Item #1 of this Tag.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator/COO	4/9/10

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN HORIZONS CARE CENTER	1104 HWY 12 HETTINGER, ND 58639

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K 025	Continued From page 1 2) Unsealed spaces in the east smoke barrier wall. The unsealed spaces were in the west side of the wall behind the ceiling-mounted heater.	K 025	These areas will be monitored for 3 months by maintenance staff to ensure the modified walls stay intact as smoke barriers by physically viewing the area for cracks and displacement.	5/7/10
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. Records review determined the facility failed to test the battery pack lights in the generator room for 1 1/2-hour duration during the past twelve months.	K 046	**K046** The Mechanical Room is the only area that we have an Emergency Lighting System (ELS). 1) The Generator Checklist has been modified to include an area to record the required checks of the (ELS). 2) The Generator Checklist is done by a maintenance employee. This employee will perform and document the required Monthly 30 second check and the Annual 90 minute check. 3) A QA audit tool has been made for the supervisor to ensure that the monthly and annual checks are done as required. The audit will be done by the Maintenance Department Manager and reported at the monthly QA meetings to ensure it will not recur.	4/8/10
K 052 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052	**K052** Monthly fire drills done by the designated Maintenance Employee will be documented on the current Fire drill form and handed into the Maintenance Supervisor. The Supervisor can then complete the QA audit tool. The Fire Drill documentation will be reviewed by the supervisor who will document on the audit tool that the drill for the month was completed. This audit will be reported to the QA committee by the supervisor at the monthly QA meeting by the Maintenance Supervisor. This monitoring tool will ensure	

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was tested monthly. Records review indicated the fire alarm system was not tested monthly for the months of April and October, 2009 when a silent night fire drill was conducted.	K 052	that no fire drills are missed and the supporting documents are on file.	4/15/10
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined paint on a sprinkler in the closet of Resident Room #16.	K 062	**K062** The painted sprinkler head has been replaced. A QA audit tool will be made to document that once per quarter, maintenance employee's will do a visible inspection of the sprinkler heads in the facility to make sure the system is maintained in a reliable operating condition. The audit tool will be reported to the QA committee quarterly by the Maintenance Supervisor to help ensure the reliable operating condition of the system.	4/15/10