DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED SEP 03 2013 DIVISION OF LIFE SAFETY

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	08/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN HORIZONS CARE CENTER	1104 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). The findings that follow demonstrate noncompliance with these standards. The 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: K027, K029, & K0144.	
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: The facility failed to ensure doors located in smoke barrier walls resisted the passage of smoke. One (1) of four (4) cross-corridor smoke barrier doors would not self-close. Observation determined the double set of doors in the smoke barrier at the east end of the north hall corridor rubbed together and failed to	K 027	Smoke Barrier Doors on the North Hallway, East Side – the double door rubbed together upon closing and failed to completely close. The issue was corrected by adjusting the door frame. After Survey, all smoke barrier double doors were checked again to ensure they closed completely on their own. Once a quarter all the double smoke barrier doors are checked to ensure they have closed completely. With the high amount of moister this summer in our area, we have experienced and addressed this issue as the building shifts. Quarterly Audit reports have been included to back up this statement. Completion Date is	8/30/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator /COO (X6) DATE: 8/29/13

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 027	Continued From page 1 completely close.	K 027		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure doors to hazardous areas were equipped with self-closing/automatic latching hardware. Observation determined two (2) doors into the Central Supply / Storage Room were not equipped with self closing devices.	K 029	Central Supply space in the core of the building which has been established for many years if not since the structure was built. This includes smoke barrier doors at the entrance from the main hall and smoke barrier partitions. Since then, the room was partitioned allocating room for kitchen dry goods storage as well as been updated with the fire sprinkler devices when it was first recommended. The rest of Central Supply has not changed. It has been determined that the door to the Kitchen Dry Good Storage and the Central Supply room from the Central Supply hallway behind the double doors from the North Hallway require self -closing door devices to be placed. Self-closing devices will be placed as indicated.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	Other facility storage doors will be checked to see if self-closing devices are needed. Completed by	8/29/13

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K 144	Continued From page 2 This STANDARD is not met as evidenced by: Maintenance of emergency generator batteries should include checking and recording the value of the specific gravity. NFPA 110, Section A-6-3.6 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined the battery in the emergency generator was equipped with non-removable caps so the specific gravity of the battery could not be checked.	K 144	The Maintenance Free battery used has been replaced with a regular battery that requires regular checks. The Generator Maintenance Checklist will now include checking and recording the value of the specific gravity of the regular battery. No other batteries of this type are required to be used in other places of the facility. Being the battery check is already on the generator checklist sheet, the maintenance of the battery will be done and documented versus writing "Maintenance Free Battery in use" in the area of the checklist sheet which is what was documented in the past . Completed by	8/24/13