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

PRINTED: 08/30/2012
FORM APPROVED
OMB NO. 0938-0391

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	R 08/28/2012

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 programs. 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: K017	
{K 017} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The facility failed to provide corridors that were	{K 017}	Previous corrections stated in the Accepted Plan of Correction dated 8/1/12 had been done per the Plan by the correction date stated. Upon revisit, corridor walls that were not checked previously were checked above the ceiling tiles and found to be substandard as to the wording of the code due to unsealed areas as stated by the surveyor. Another reason for the breaches is that the sealant used to seal the breaches before is aged and pieces have fallen away. Maintenance will check all the corridor walls above the ceiling tiles in the facility to make sure they are resistant to the passage of smoke. Breaches will be filled to provide resistance to the passage of smoke across the barrier.	8/23/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	9/6/12

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 017}	Continued From page 1 separated from use areas by walls that were smoke resisting. Corridor walls may terminate at a suspended ceiling which can limit the transfer of smoke. If the suspended ceiling cannot provide a nominal degree of smoke resistance, the corridor walls must extend to the roof deck. During the revisit, observation determined corridor walls throughout the facility had unsealed spaces around data cables, conduits, pipe penetrations, holes in the walls, duct penetrations and inside conduit openings. The corridor ceiling tiles were broken, water damaged, warped or did not fit into the grid system to provide a nominal degree of smoke resistance.	{K 017}	To help detect new breaches that may occur going forth due to the aging of the products used before, to ensure smoke barriers are in place, and continue to be a smoke barrier going forth; maintenance will do quarterly spot inspections on all corridor walls. This will be documented on the "Quarterly Wall Ceiling Audit" form which was included with the previous plan of correction dated 8/1/12. Completion goal date will be	10/5 /12