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 _____	**09/02/2015**

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		
K 029	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 in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined Resident Room 21 was being used for storage of combustibles and the	K 029	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the	9/15/15

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

Electronically Signed | 09/15/2015

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K 029	Continued From page 1 door did not have self-closing hardware. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk or death or injury due to fire. The deficiency affected one (1) of eleven (11) hazardous areas in the facility.	K 029	requirements established by state and federal law. 1. A door with a self-closing hardware has been installed on Resident Room 21 that enables the door to self-close and securely latch to the door frame. 2. The Environmental Services Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director and maintenance staff were in-serviced on the requirements to ensure that hazardous areas have a door with self-closing hardware. 4. The Environmental Services Director or designee will conduct quarterly audits of the facility to ensure there are no future compliance issues. 5. The Environmental Services Director or designee will report the findings of the audits to the quality assurance committee. 6. The expected date of compliance for this deficiency is October 2, 2015.	
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		9/15/15

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. Observation determined: 1) Delayed-egress doors locked in the means of egress must display on the door adjacent to the releasing device visible signage in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads the following: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS The south main entrance door had a magnetic locking device that operated with a Wander Guard system. The magnetic lock did have the delayed-egress feature but lacked visible signage on the door. This deficiency affected one (1) of seven (7) exits in the means of egress from the facility. 2) During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. The following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened.	K 038	Part A: Exit Door Signage; 1. A sign has been affixed to the door to the south main entrance that is equipped with a magnetic locking device that reads: "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" The sign has lettering not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background. 2. The Environmental Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director and maintenance staff were in-serviced on the requirements to ensure that doors with a delayed egress feature have proper signage that clearly indicates how to operate the mechanism. 4. The Environmental Services Director or designee will conduct quarterly audits of the facility to monitor future compliance issues. 5. The Environmental Services Director or designee will report the findings of the audits to the quality assurance committee.	

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K 038	Continued From page 3 a) The doors to the Soiled Utility Rooms and Clean Utility Rooms in the northeast, northwest, southeast, and southwest resident wings extended approximately twenty (20) inches into the corridor when fully opened. b) The doors to the Soiled Utility Rooms and Clean Utility Rooms at the east and west ends of the north hallway extended approximately twenty (20) inches into the corridor when fully opened. c) The doors to the Soiled Utility Rooms and Clean Utility Rooms at the east and west ends of the south hallway extended approximately twenty (20) inches into the corridor when fully opened. This deficiency affected sixteen (16) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	6. The expected date of compliance for this deficiency is October 2, 2015. Part B: Doors Opening into Corridor; 1. The width of the exit corridor in which the doors to the Clean and Soiled Utility Rooms on the northwest, northeast, southeast, and southwest resident wings, and the east and west ends of the north and south hallways were sufficiently widened so that the passageway is sufficiently wide enough to allow egress when the doors are fully opened. This was done by the removal of hand rails on the walls around these doors that prevented them from being fully opened. 2. The Environmental Services Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director or designee will conduct quarterly audits of the facility to ensure there are no future compliance issues. 4. The Environmental Services Directore or designee will report the findings of the audits to the quality assurance committee. 5. The expected date of compliance for this deficiency is October 2, 2015.	