STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355042	A. BUILDING **01** B. WING _____	**06/01/2022**

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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E 000	Initial Comments A recertification survey conducted on 06/01/2022 found Western Horizons Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities 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 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 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3,	K 324		7/16/22

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

Electronically Signed | 06/10/2022

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K 324	Continued From page 1 or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it	K 324	1. The facility failed to test and maintain the wet chemical extinguishing system in the kitchen area. Inspection of the wet chemical extinguishing system was performed on 6/3/2022. The actuators were unobstructed, and the tamper indicators and seals were intact. The certificate is in place. No physical damage or other conditions exist that could prevent operations. The pressure gauge was inspected if used physically or electronically to ensure it is in the operable range. The nozzle blow off caps were intact and undamaged. No modifications have been made, replaced, or relocated. 2. The facility recognized that other potential concerns could be affected by the deficient practice and have been reviewed. 3. A departmental meeting was held on 6/9/2022 to review deficiency and plan of	

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K 324	Continued From page 2 is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed during March, April and May 2022. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324	correction. An in-service to staff regarding the POC will be held on 6/14/22. Environmental services will test and maintain the wet chemical extinguishing system in the kitchen monthly. 4. The Environmental manager will be responsible to audit the monthly inspections x 3 months and quarterly thereafter. The QA director will submit a report of audit results to the QA committee and board members monthly. 5. Corrective action to be completed by 7/16/2022.	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING	K 347		7/16/22

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K 347	Continued From page 3 Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 08/20/2019 exceeding the required two-year test interval. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 347	1. The facility failed to ensure smoke detectors were maintained, inspected, and tested in accordance with national fire alarm and signaling code. Review of fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies to be compliant. The records indicated the smoke detectors were last sensitivity tested 8/20/2019, which exceeded the required two year test interval. Smoke detectors were inspected and tested on 6/3/22. 2. This deficiency affects all smoke detectors in the facility. 3. A departmental and managers meeting will be held on 6/9/2022 & 6/14/2022 to review deficiencies and in-service staff on our plan of correction. Environmental Services will inspect and test the smoke detection system monthly. 4. The environmental manager will be responsible to audit the monthly inspections x3 months and quarterly thereafter. The QA Director will submit a report of audit results to the QA committee and board members monthly. 5. Corrective action to be completed by 7/16/2022.	
K 353	Sprinkler System - Maintenance and Testing	K 353		7/16/22

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K 353 SS=E	Continued From page 4 CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25.	K 353	1. The facility failed to inspect, test, and maintain the automatic sprinkler system during the months of March, April, and May 2022. The automatic sprinkler system was inspected on 6/3/22 with compliance noted. 2. This deficiency has the potential to affect the complete automatic sprinkler system that serves the entire facility which may increase the risk of injury or death due to fire. 3. A departmental and managers meeting will be held 6/9/2022 and 6/14/2022 to review deficiencies and in-service staff on the plan of correction.	

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K 353	Continued From page 5 Record review and interview with staff determined the control valves and gauges of the automatic sprinkler system had not been inspected during March, April and May 2022. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	Environmental Services will inspect, test and maintain the automatic sprinkler system monthly. 4. The environmental manager will be responsible to audit the monthly inspections x 3 months and quarterly thereafter. The QA director will submit a report of audit results to the QA committee and board members monthly. 5. Corrective action will be completed by 7/16/22.	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. NFPA 10 4-4.1 The facility failed to maintain fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the annual maintenance of the portable fire extinguisher in the corridor by Resident Room 4 had not been conducted since March 2021.	K 355	1. The facility failed to maintain fire extinguishers. The portable fire extinguisher in the corridor by resident room 4 East had not been maintained since March 2021. Maintenance of portable fire extinguisher was completed 7/3/22. 2. This deficiency has the potential to affect all portable fire extinguishers in the facility. 3. All other fire extinguishers in the facility will be in compliance by 7/16/2022. There after, Environmental Services will inspect and maintain fire extinguishers on	7/16/22

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K 355	Continued From page 6 Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	a monthly basis. A departmental and managers meeting will be held 6/9/2022 and 6/14/2022 to review deficiencies and in-service staff on our plan of correction. 4. The environmental manager will be responsible to audit the monthly inspections x3 months and quarterly thereafter. The QA Director will submit a report of audit results to the QA Committee & board members monthly. 5. Corrective action will be completed by 7/16/22.	
K 712 SS=D	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 no fire drill was conducted on the PM Shift during the first quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 712	1. The facility failed to conduct fire drills as required. The facility failed to conduct a drill on the PM shift during the first quarter in the past year. Corrective action on 7/3/22. 2. The facility recognized that failure to conduct fire drills as required has the potential to increase risks of death or injury due to fire.	7/16/22

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K 712	Continued From page 7 The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	3. Environmental services will conduct fire drills at expected and unexpected times and at least quarterly on each shift. A departmental and managers meeting will be held 6/9/2022 & 6/14/2022 to review deficiencies and in-service staff on our plan of correction. 4. The environmental manager will be responsible to audit the monthly inspections x3 months and quarterly thereafter. The QA Director will submit a report of audit results to the QA committee & board members monthly. 5. Corrective action will be completed by 7/16/22.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in	K 918		7/16/22

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K 918	Continued From page 8 accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined: 1) The weekly inspection of the emergency generator was not conducted for all weeks during the past year. 2) The monthly test of the emergency generator was not conducted during April and May 2022. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	1. The facility failed to ensure the emergency generator was in compliance with standards. The weekly inspections of the generator weren't conducted for all weeks of the past year. The monthly test of the generator wasn't conducted during April and May 2022. Inspection and testing of the emergency generator was performed on 6/3/22 with compliance noted. 2. The deficiency affected one of one generator which provides all emergency power to the facility. Failure to inspect, test, and maintain the generator increases the risk of death or injury due to fire. 3. A departmental and managers meeting will be held on 6/9/2022 & 6/14/2022 to review deficiencies and in-service staff on our plan of correction. Environmental Services will inspect the emergency generator weekly.	

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K 918	Continued From page 9	K 918	Environmental Services will test the emergency generator monthly. 4. The environmental manager will be responsible to audit the weekly & monthly inspections x3 months and quarterly thereafter. The QA Director will submit a report of audit results to the QA Committee and board members monthly. 5. Corrective action will be completed by 7/16/22.	