

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

PRINTED: 10/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355042</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____ |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/09/2019</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTERN HORIZONS CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1104 HWY 12<br/>HETTINGER, ND 58639</b>         |                                                                                                                          |                                                        |                            |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |  | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                        | (X5)<br>COMPLETION<br>DATE |
| K 000                                                                   | INITIAL COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  | K 000                                                                                       |                                                                                                                          |                                                        |                            |
| K 211                                                                   | <p>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.</p> <p>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.</p> <p>Means of Egress - General<br/>CFR(s): NFPA 101</p> <p>Means of Egress - General<br/>Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.<br/>18.2.1, 19.2.1, 7.1.10.1<br/>This REQUIREMENT is not met as evidenced by:<br/>Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1.</p> |                                                                            |  | K 211                                                                                       |                                                                                                                          |                                                        | 8/23/19                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/22/2019

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTERN HORIZONS CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1104 HWY 12</b><br><b>HETTINGER, ND 58639</b>                                |  |                                                        |
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| K 211                                                                   | Continued From page 1<br><br>Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2<br><br>The facility failed to inspect and test all fire rated door assemblies throughout the facility.<br><br>Review of documentation and interview with staff determined not all fire rated door assemblies had been inspected in the past year.<br><br>Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire.                                                                                                                                                                                                                                                       | K 211                                                                      |                                                                                                                          |  |                                                        |
| K 341                                                                   | The deficiency affected numerous fire rated door assemblies throughout the facility.<br>Fire Alarm System - Installation<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Installation<br>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.<br>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 | K 341                                                                      |                                                                                                                          |  | 8/23/19                                                |

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| K 341                                                                   | Continued From page 2<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to install the fire alarm system in accordance with NFPA 72, National Fire Alarm and Signaling Code.<br><br>Fire alarm system circuit identification and accessibility shall meet the following:<br>1) The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit.<br>2) The circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT."<br>3) The circuit disconnecting means shall have a red marking.<br>4) The circuit disconnecting means shall be accessible only to authorized personnel.<br>NFPA 72 10.5.5.2<br><br>Observation determined the location of the circuit disconnecting means was not permanently identified at the fire alarm control unit. Interview with the Maintenance Director revealed the facility did not know where the circuit disconnecting means for the fire alarm system was located.<br><br>Failure to install the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of one (1) fire alarm system in the facility, which serves the entire building. | K 341                                                                      |                                                                                                                          |  |                                                        |
| K 347                                                                   | Smoke Detection<br>CFR(s): NFPA 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | K 347                                                                      |                                                                                                                          |  | 8/23/19                                                |

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| K 347                                                                   | <p>Continued From page 3</p> <p>Smoke Detection<br/>2012 EXISTING<br/>Smoke detection systems are provided in spaces<br/>open to corridors as required by 19.3.6.1.<br/>19.3.4.5.2<br/>This REQUIREMENT is not met as evidenced<br/>by:<br/>Sensitivity testing of smoke detectors is to be<br/>completed for all smoke detectors during the first<br/>year in service, and the alternate year following.<br/>After the second required calibration test, if the<br/>detector has remained within its listed and<br/>marked sensitivity range, the length of time<br/>between calibration tests may be extended, not<br/>to exceed five years. 19.3.4.5, 9.6.2.10.1.1,<br/>NFPA 72 14.4.5.3</p> <p>The facility failed to ensure smoke detectors<br/>were maintained, inspected and tested in<br/>accordance with NFPA 72, National Fire Alarm<br/>and Signaling Code.</p> <p>Review of the fire alarm test results indicated the<br/>smoke detection system did not have sensitivity<br/>testing at frequencies in compliance with the<br/>minimum requirements of NFPA 72.</p> <p>Records indicated two (2) smoke detectors in the<br/>facility were replaced on 10/18/2017 and there<br/>were no records available to show sensitivity<br/>testing had been completed during the first year<br/>of service.</p> <p>Failure to test the smoke detection system in<br/>accordance with NFPA 72 increases the risk of<br/>death or injury due to fire.</p> | K 347                                                                      |                                                                                                                          |                            |                                                        |

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| K 347                                                                   | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | K 347                                                                      |                                                                                                                          |  |                                                        |
| K 353                                                                   | <p>This deficiency affected two (2) of numerous smoke detectors in the facility.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br/>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br/>This REQUIREMENT is not met as evidenced by:<br/>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</p> <p>The facility failed to ensure the automatic</p> | K 353                                                                      |                                                                                                                          |  | 8/23/19                                                |

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| K 353                                                                   | Continued From page 5<br>sprinkler system was continuously maintained in<br>a reliable operating condition as required by<br>NFPA 25.<br><br>1) Any sprinkler that has been installed in the<br>incorrect orientation shall be replaced. NFPA 25<br>5.2.1.1.3<br><br>Record review and interview with staff<br>determined ten (10) pendent sprinklers were<br>installed in the upright position and had not been<br>replaced.<br><br>2) An inspection of piping and branch line<br>conditions shall be conducted every 5 years by<br>opening a flushing connection at the end of one<br>main and by removing a sprinkler toward the end<br>of one branch line for the purpose of inspecting<br>for the presence of foreign organic and inorganic<br>material. NFPA 25 14.2.1<br><br>Record review and interview with staff<br>determined the internal inspection of piping of the<br>automatic sprinkler system had not been<br>conducted in the past five years.<br><br>Failure to inspect, test and maintain the<br>automatic sprinkler system in accordance with<br>NFPA 25 increases the risk of death or injury due<br>to fire.<br><br>The deficiency affected the complete automatic<br>sprinkler system, which serves the entire facility. | K 353                                                                      |                                                                                                                          |  |                                                        |
| K 511                                                                   | Utilities - Gas and Electric<br>CFR(s): NFPA 101<br><br>Utilities - Gas and Electric<br>Equipment using gas or related gas piping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | K 511                                                                      |                                                                                                                          |  | 8/23/19                                                |

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| K 511                                                                   | <p>Continued From page 6</p> <p>complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.<br/>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. 19.5.1.1, 9.1.2</p> <p>1) Flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure<br/>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors<br/>(3) Where run through doorways, windows, or similar openings<br/>(4) Where attached to building surfaces<br/>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings<br/>(6) Where installed in raceways, except as otherwise permitted in this Code<br/>(7) Where subject to physical damage<br/>NFPA 70, 400-8.</p> <p>Observation determined:</p> <p>a) There was a flexible cord used to provide</p> | K 511                                                                      |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355042</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                              |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/09/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTERN HORIZONS CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1104 HWY 12<br/>HETTINGER, ND 58639</b>                                      |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| K 511                                                                   | <p>Continued From page 7</p> <p>power to a light fixture in the East Nurses Lounge.</p> <p>b) There was a flexible cord used to provide power to a light fixture in the East Med Room.</p> <p>c) There was a flexible cord used to provide power to a light fixture in the Scale Room.</p> <p>2) Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. NFPA 70 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5)</p> <p>Observation determined:</p> <p>a) Numerous electrical receptacles throughout the facility within 6 ft. of a sink were not ground-fault circuit-interrupter protected.</p> <p>b) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected.</p> <p>3) Barriers shall be placed in all service switchboards such that no uninsulated, ungrounded service busbar or service terminal is exposed to inadvertent contact by persons or maintenance equipment while servicing load terminations. NFPA 70 408.3(A)(2)</p> <p>Observation determined the circuit breaker panel</p> | K 511                                                                      |                                                                                                                          |  |                                                        |

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

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OMB NO. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTERN HORIZONS CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1104 HWY 12<br/>HETTINGER, ND 58639</b>                                      |  |                                                        |
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| K 511                                                                   | Continued From page 8<br>labeled "Emergency" located in the boiler room<br>had two (2) unprotected openings in the front of<br>the panel. The openings in the front of the circuit<br>breaker panel were not covered with breaker filler<br>plates.<br><br>4) There were three (3) open electrical junction<br>boxes in the Boiler Room.<br><br>Failure to provide electrical wiring and equipment<br>in accordance with NFPA 70 increases the risk of<br>injury or death due to fire.<br><br>The deficiency affected numerous components of<br>the electrical system in the facility.                                                                                                                                                                                             | K 511                                                                      |                                                                                                                          |  |                                                        |
| K 712                                                                   | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm<br>signal and simulation of emergency fire<br>conditions. Fire drills are held at expected and<br>unexpected times under varying conditions, at<br>least quarterly on each shift. The staff is familiar<br>with procedures and is aware that drills are part<br>of established routine. Where drills are<br>conducted between 9:00 PM and 6:00 AM, a<br>coded announcement may be used instead of<br>audible alarms.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced<br>by:<br>The facility failed to conduct fire drills as<br>required.<br><br>Fire drill records review determined:<br><br>1) No fire drills were conducted on the PM Shift | K 712                                                                      |                                                                                                                          |  | 8/23/19                                                |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTERN HORIZONS CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1104 HWY 12</b><br><b>HETTINGER, ND 58639</b>                                |                            |                                                        |
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| K 712                                                                   | <p>Continued From page 9<br/>during the third and fourth quarter of 2018.</p> <p>2) No fire drills were conducted on the Night Shift<br/>during the second quarter of 2019.</p> <p>3) Fire drills did not include the simulation of an<br/>emergency phone call to the fire department<br/>during the months of October and November<br/>2018, and January, February, April, May and<br/>June 2019.</p> <p>Failure to conduct fire drills as required increases<br/>the risk of death or injury due to fire.</p> <p>The deficiency affected seven (7) of twelve (12)<br/>drills in the past year.</p> | K 712                                                                      |                                                                                                                          |                            |                                                        |