STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355042	A. BUILDING _____ B. WING _____	08/21/2023

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
E 000	Initial Comments A recertification survey conducted on 08/21/2023 found Western Horizons Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 08/24/2023

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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	355042	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/21/2023**

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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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 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 a fire drill was not conducted on the third shift during the third quarter in the past year.	K 712	1. The facility failed to conduct fire drills as required. Fire drill records review determined a fire drill was not conducted on the third shift during the third quarter in the past year. Failure to conduct fire drills as required increases the risk of death or	9/21/23

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	355042	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/21/2023**

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WESTERN HORIZONS CARE CENTER	**1104 HWY 12** **HETTINGER, ND 58639**

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K 712	Continued From page 1 Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	injury due to fire. Corrective Action will be completed by 9/21/2023 2. The facility recognized that failure to conduct fire drills as required as the potential to increase risks of death or injury due to fire. 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 8/28/2023 & 9/5/2023 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 9/21/2023.	
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	K 918		9/21/23

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K 918	Continued From page 2 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 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, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Generator sets in service shall be exercised under load at least once monthly, for a minimum of 30 minutes. Review of generator test records and interview with staff determined the emergency power generator was not run under load for a minimum of 30-minutes each month in the past year. Times run varied between 10-minutes and 20-minutes each month.	K 918	1. The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Generator sets in service shall be exercised under load at least once monthly, for a minimum of 30 minutes. Review of generator test records and interview with staff determined the emergency power generator was not run under load for a minimum of 30-minutes each month in the past year. Times run varied between 10-minutes and 20-minutes each month. Failure to inspect, test and maintain the emergency	

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	355042	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/21/2023**

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K 918	Continued From page 3 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	generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. Corrective action will be completed by 9/21/2023. 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 8/28/2023 & 9/5/20023 to review deficiencies and in service staff on our plan of correction. Environmental Services will inspect the emergency generator weekly. Environmental Services will test the emergency generator monthly for a minimum of 30 minutes, under load, monthly. 4. The environmental manager will be responsible to audit 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. 5. Corrective action will completed by 9/21/2023	