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 _____	**09/19/2017**

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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms	K 321		11/3/17

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

Electronically Signed | 10/09/2017

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K 321	Continued From page 1 b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and latching doors. Observation determined: 1) The corridor door to the Medical Records Room was not equipped with a self-closing device. 2) The south wall of the Water Heater Room had an 18" x 18" opening in the gypsum board and an open 6" duct penetration into the Men's Restroom. Failure to ensure hazardous areas are separated from other spaces by smoke-resisting partitions	K 321	1. Self-closing device has been added to the Medical Records Room corridor. 09/21/2017 2. Openings in the water heater room ceiling has been patched. Men's bathroom duct opening has been patched as well. 10/13/2017 All other doors in the facility with self-closing devices will be checked and adjusted if needed so that the self-closing devices pulls the door closed and do a latched position. 3. On a quarterly basis the Maintenance Staff will re-check the self closing doors for proper function. 4. Maintenance checks of self-closing devices will be documented by maintenance staff and audited by QA or their designee.	

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K 321	Continued From page 2 and latching doors increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 321		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated: 1) Review of fire alarm system test records indicated the annual test of the fire alarm system	K 345	1. Full fire alarm system tests will be conducted at the same time going forward, rather than splitting the 2 tests into different visits. This will ensure that both the testing, and the documentation of device locations are updated on a yearly basis. Facility will review maintenance contract to ensure that the 3rd part vendor supporting the system is completing the work and providing all required documentation back to the facility. 2. A full test and inventory of the fire suppression system has been ordered. Facility is waiting on the organizations to schedule their visit to test and inventory. Once facility has an inventory, that itemized inventory will be utilized to	11/3/17

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K 345	Continued From page 3 was not performed as required. The most current fire alarm system annual test was conducted on 05/31/2017 and the previous test was conducted on 03/03/2016, exceeding the required annual testing requirement. 2) Device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the following information, device type, address, location, and test result as required. 3) One (1) of eleven (11) pull stations and one (1) of (1) tamper switch were not tested during the 05/31/2017 new fire alarm panel initial acceptance test. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345	complete an accurate listing of devices to be tested. These tests are completed by an external contractor to ensure completeness. 3. The maintenance schedule will be adjusted to include scheduled, but not publicly known, fire alarm tests. Facility will work with local volunteer fire department to test response to alarm, as well as performing a full walk-through of facility so the team is familiar with the inside of the home. 4. On quarterly basis, the QA team or designee will audit the fire alarm system tests to ensure that all required tests have been completed in the required window. Results of these audits will be presented to the QAPI committee on a quarterly basis.	
K 353 SS=F	Sprinkler System - Maintenance and Testing 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 _____	K 353		11/3/17

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K 353	Continued From page 4 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. Record review and observation determined: 1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) There was no hydraulic nameplate attached to the automatic sprinkler system. 3) The ceiling in the Men's Restroom had a 12" x 12" opening in the gypsum board that may delay the activation of the automatic fire sprinkler	K 353	1. All control valves and gauges for the automatic sprinkler system will be inspected and logged. Maintenance staff or designee will perform monthly inspections on an ongoing basis. 2. Monthly audit processes have been implemented. Audit sheets are completed and stored in the maintenance office. Audits will include the valve or gauge number with its location and the results of the inspection. They will also include inspection of all facility rooms to detect the possibility of the automatic sprinkler system to delayed in activation or other malfunction. 3. Facility is still searching for documentation of hydraulic nameplate that is missing. 4. Sheet rock was installed to close off the hole in the gypsum board so that heat would not escape the room too quickly in the event of a fire. 5. The maintenance schedule for the automatic sprinkler system will be	

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K 353	Continued From page 5 system. 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	monitored by QA or their designee on a monthly basis, and reported to the QAPI committee on a quarterly basis.	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and	K 363		11/3/17

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K 363	Continued From page 6 made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. 19.3.6.3.5 The facility failed to ensure corridor doors latched into their frames and resisted the passage of smoke. Observation determined the corridor door to Resident Room 13 on the West Wing failed to latch into the frame. Failure to ensure corridor doors latch properly increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor doors in the facility.	K 363	1. Resident Room 13 door failed to latch, creating the potential for the passage of smoke in the event of fire. Door latch on Resident Room 13 was adjusted so that the door would latch and circumvent the passage of smoke in the event of fire. 2. All resident and corridor doors will be inspected to determine if they properly latch. 3. The quarterly maintenance schedule will be adjusted to include inspection and testing of resident room and corridor door latching operation. 4. The quarterly maintenance performed by the maintenance staff or designee, will be monitored by QA, and reported out to the quarterly QAPI committee meeting.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101	K 712		10/13/17

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K 712	Continued From page 7 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: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, 4.7.4, 4.7.6 Fire drill records review determined: 1) No fire drills were conducted on the PM Shift during the first quarter of 2017. 2) Six (6) of twelve (12) fire drill reports in the past year did not include the time of day. 3) Fire drills did not include the simulation of an	K 712	Fire drills should be completed on all shifts as to ensure that staff who work those shifts are properly trained, and not just the employees on certain shifts. 1. PM fire drills will be scheduled on a quarterly basis. Audits will be completed by the Maintenance Department Manager or designee, and audited by the Administrator or designee. 2. Fire Drill audits included the shift they were completed, but the exact time and shift will be tracked on audits going forward. 3. Facility will work with local volunteer fire department to schedule a full test of the facility alarm system, as well as the fire department response.	

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K 712	Continued From page 8 emergency phone call to fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected all fire drills.	K 712		
K 915 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This REQUIREMENT is not met as evidenced by: Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110. Critical care rooms (Category 1 Room) shall be served only by a Type I EES. General care rooms (Category 2 Room) shall be served by a Type I or Type II EES. A Type I EES serving a critical care	K 915	1. A remote stop switch will be installed on the outside of the generate, making it easier in the event of an emergency to shutdown the generator without having to access the inside of the service box. 2. All external backup power sources will	11/3/17

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K 915	Continued From page 9 room (Category 1 Room) shall be permitted to serve general care rooms (Category 2 Room) in the same facility. NFPA 99, 6.3.2.2.10, NFPA 110, 5.6.5.6, 5.6.5.6.1 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. All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. For systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The remote manual stop station shall be labeled. Observation determined there was no remote stop switch for the emergency generator located outside of the generator enclosure. Failure to ensure the emergency generator was in compliance 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 915	be checked for remote stop switches. 3. Electrician has been contacted to install a remote stop switch on the service box of the generator. 4. Documentation of remote stop switch installation will be kept with the maintenance department, and tested as part of annual generator testing activities.	