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 _____	**10/05/2016**

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 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8 This STANDARD is not met as evidenced by: Illumination of means of egress shall be provided for every building and structure. Means of egress includes designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. Failure of any single lighting fixture will not leave the area in darkness. NFPA 101, 19.2.8, 7.8. The facility failed to ensure illumination of the means of egress. Observation determined normal lighting for six (6) of ten (10) outside light fixtures fixtures had a one-bulb light fixture installed for illumination. If the bulb failed the following areas would be left	K 045	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 requirements established by state and Federal Law. 1. The one bulb light fixtures for Door #2, the East Exit Door, the Southeast Exit Door, the Southwest Exit Door, Door #3, Door #6, and the West Exit Door will be replaced with a two bulb fixture to	11/19/16

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

Electronically Signed | 10/24/2016

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K 045	Continued From page 1 without the required illumination levels: 1) Door #2. 2) East exit door. 3) Southeast exit door. 4) Southwest exit door. 5) Door #3. 6) West exit door. Failure to ensure required illumination of the means of egress increases the risk of injury or death. This deficiency affected six (6) of ten (10) exit discharges from the building.	K 045	maintain required illumination levels. 2. The environmental Services Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director and staff were in-serviced on the requirements to monitor exterior lighting for burned out light bulbs and to provide adequate illumination for the means of egress including the stairs, aisles, ramps, corridors, and passageways leading to an exit. The Environmental Services Director or designee will conduct monthly audits of all exit doors and related areas. 4. The Environmental Services Director or designee will report the findings of the monthly audits to the Quality Assurance Committee quarterly meetings for the next 3 quarters. 5. The expected date of compliance for this deficiency is November 19, 2016.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used	K 050		11/19/16

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	355042	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/05/2016**

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K 050	Continued From page 2 instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a PM Shift fire drill during the second quarter of 2016. 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 050	1. The facility will conduct an unannounced fire drill for the 4th quarter of 2016. 2. The Environmental Services Director or designee audited the remaining required drills for the 4th quarter of 2016 and verified all required drill are up to date. 3. The Environmental Services Director and staff were in-serviced on the requirements to conduct timely unannounced fire drills on all 3 shifts each quarter. The Environmental Services Director will submit a confidential scheduled for unannounced fire drills for the 4th quarter of 2016 and the 1st quarter of 2017 on all three shifts. The Administrator will sign off on all the reports documenting each fire drill and verify compliance with the schedule of planned fire drills. 4. The Environmental Services Director and the Administrator or designee will report to the Quality Assurance Committee at their quarterly meetings, the timeliness and completion of all scheduled fire drills for the next three quarters. 5. The expected date of compliance for this deficiency is November 19, 2016.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		11/19/16

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K 062	Continued From page 3 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic fire sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined one (1) of one (1) sprinkler in the closet of Resident Room #2 had paint on the sprinkler deflector and may not operate at the correct temperature. Failure to inspect, test and maintain the components of the automatic fire sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected one (1) sprinkler of numerous sprinklers of the automatic sprinkler system which serves the entire building.	K 062	1. The facility will replace the sprinkler deflector in the closet in resident #2's room. 2. The Environmental Services Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director and staff were in-serviced on the requirements to inspect all sprinklers in the facility on a regular basis to ensure each is working properly. The Environmental Services Director or designee will conduct monthly audits of all sprinkler heads in the facility. 4. The Environmental Services Director or designee will report the findings of the audits to the Quality Assurance Committee quarterly meetings for the next 3 quarters. 5. The expected date of compliance for this deficiency is November 19, 2016.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)	K 144		11/1/16

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K 144	Continued From page 4 This STANDARD is not met as evidenced by: A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 3-4.1.1.15 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there was no remote annunciator located outside of the Generator Room at a work site readily observable by personnel. Failure to ensure emergency generators are in compliance with NFPA 99 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 144	1. An annunciator panel will be installed outside the generator room in a location readily observable by operating personnel at a regular work station. 2. The Environmental Services Director inspected the facility for any similar violations and none were found. 3. The Environmental Services Director and staff were in-serviced on the requirements of NFPA 99 3-4.1.1.15 and will conduct monthly inspections of the annunciator panel to verify proper operation. 4. The Environmental Services Director or designee will report the findings of the monthly audits to the Quality Assurance Committee quarterly meetings for the next 3 quarters. 5. The expected date of compliance for this deficiency is April 3, 2017.	