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 _____	**12/03/2019**

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 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 100 SS=E	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Multiple occupancies shall be in accordance with 6.1.14. 19.1.3.1. Multiple occupancies shall comply with the requirements of 6.1.14.1 and one of the following: (1) Mixed occupancies - 6.1.14.3 (2) Separated occupancies - 6.1.14.4 6.1.14.1.1. Mixed Occupancy. A multiple occupancy where	K 100	1. Smoke detectors will be installed in all of the sleeping rooms used by staff. 2. Facility inspection will be completed to identify potential areas that need additional smoke detectors. 3. All rooms will be inspected prior to staff occupancy to make sure smoke detectors are in place on an annual basis.	1/16/20

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

Electronically Signed | 12/18/2019

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K 100	Continued From page 1 the occupancies are intermingled. 6.1.14.2.2. The building shall comply with the most restrictive requirements of the occupancies involved, unless separate safeguards are approved. 6.1.14.3.2. Approved single-station smoke alarms, other than existing smoke alarms meeting the requirements of 26.3.4.5.3, shall be installed in accordance with 9.6.2.10 in every sleeping room. 26.3.4.5.1. The facility failed to provide smoke detection in sleeping rooms used by staff. Observation determined four (4) Resident Rooms throughout the facility used as sleeping rooms for staff were not equipped with a smoke detector. Failure to provide smoke detection in a staff sleeping room increases the risk for injury or death due to fire. This deficiency affected four (4) of numerous rooms in the facility.	K 100	4. Annual routine inspection will be performed by the plant manager. 5. This will be completed by January 16, 2020.	
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General 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. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced	K 211		1/16/20

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K 211	Continued From page 2 by: The releasing mechanism for any latch shall open the door leaf with not more than one releasing operation, unless otherwise specified in 7.2.1.5.10.3, 7.2.1.5.10.4, or 7.2.1.5.10.6. 7.2.1.5.10.2 The facility failed to ensure the means of egress was free of all obstructions to full use in case of emergency. Observation determined the corridor doors to the Therapy Room and four (4) Resident Rooms used as staff sleeping rooms were equipped with locking hardware that required 2 actions to release the latch from the egress side. Failure to provide doors in the means of egress that are readily available for full use in case of an emergency increases the risk of death or injury due to fire. This deficiency affected five (5) of numerous doors in the means of egress.	K 211	1. Door knobs will be replaced so that only one motion is needed to open a locked door. 2. Inspection of all door knobs in the facility will be completed. 3. With any new door installation or knob replacement, we will ensure proper locking hardware is installed. 4. Ongoing inspections will be performed when work is completed by the plant manager. 5. This will be completed by 1/16/2020.	
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	K 321		1/16/20

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K 321	Continued From page 3 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 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: The facility failed to ensure hazardous areas were separated from other areas with self-closing doors. Observation determined the corridor door to the Storage Room near the front entrance lacked self-closing hardware. Failure to ensure hazardous areas were separated from other spaces by self-closing, latching doors increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	1. We will install self closing hardware on the storage room door. 2. We will perform an inspection of all doors with combustible material to ensure self closure standards are met. 3. Annual staff assessment will be completed on any areas that room designation has changed. 4. When moving combustible from one location to another we will make adjustments to ensure doors comply with regulations. 5. This will be completed by 1/16/2020.	
K 324	Cooking Facilities	K 324		1/16/20

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K 324 SS=D	Continued From page 4 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, 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	K 324	1. Monthly inspections will be added to the safety checklist and completed by the plant manager. 2. There are no other portions of the facility that could be affected. 3. By adding this safety check to the	

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K 324	Continued From page 5 owner's manual. 7.2.1 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 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. 7.2.2 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed in the past year. An outside company did conduct semi-annual inspections of the system. 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	monthly checklist, we will ensure that it will be completed in a timely fashion. 4. Audits will be performed on the checklists to ensure compliance is met monthly. 5. This will be completed by 1/16/2020.	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation	K 351		1/16/20

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K 351	Continued From page 6 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: The facility failed to install and maintain the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Observation determined: 1) Sprinkler piping or hangers shall not be used to support non-system components. NFPA 13, 9.1.1.7 Several items of clothing were suspended by hangers from the automatic sprinkler pipes in Resident Room 21. A Christmas decoration was tied to the automatic sprinkler pipe in Resident Room 15.	K 351	Sprinkler Piping 1. Clothing removed from employee's room piping and decorations were removed from the resident's room piping. 2. All rooms including travel staff/employee rooms will be inspected monthly by management staff. 3. Education will be provided to travel staff about keeping sprinklers and pipes free from clutter. 4. Monthly monitoring of all rooms will be completed by management staff to ensure ongoing compliance.	

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K 351	Continued From page 7 This deficiency affected the automatic sprinkler system in two (2) of numerous rooms in the facility. The automatic sprinkler system serves the entire facility. 2) A ceiling tile was missing near the ice machine in the West Wing. This deficiency affected one (1) of three (3) smoke compartments in the facility. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury or death due to fire.	K 351	5. This will be completed by 1/16/2020. Ceiling Tile 1. Missing ceiling tile was replaced. 2. Hallways and rooms will be evaluated for missing ceiling tiles and replaced when needed. 3. When ceiling tiles need to be replaced due to damage, they will be replaced immediately. 4. Visual inspection will be done monthly to ensure compliance. 5. This will be completed by 1/16/2020.	
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	K 363		1/16/20

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K 363	Continued From page 8 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 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 doors to the following areas failed to latch into the door frame: 1) The corridor door to the Oxygen Supply Room. 2) The corridor door to the Employee Breakroom. Failure to ensure corridor doors latch properly	K 363	1. Door latches replaced and tensioners adjusted. 2. All facility doors will be checked to ensure proper closing is achieved. 3. If a door is not closing completely, a work order will be written for the plant manager. 4. All doors will be inspected by the plant manager monthly to make sure they latch properly when closed. 5. This will be completed by 1/16/2020.	

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K 363	Continued From page 9 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous corridor doors in the facility.	K 363		
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: 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 areas other than kitchens 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(A)(7) The facility failed to provide electrical wiring and equipment in accordance with NFPA 70, National Electrical Code. Observation determined an electrical receptacle in the Activity Room Kitchen was installed within 6 ft. of a sink and was not ground-fault	K 912	1. GFI outlet will be installed in the kitchen. 2. Walk around assessment will be completed by the plant manager to determine any needs for other outlets that need a GFI outlet to be installed. 3. Ground fault breaker installed 6 feet from the water source. 4. When outlets are placed in the facility we will ensure that they have ground fault circuit interruption. 5. This will be completed by 1/16/2020.	1/16/20

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K 912	Continued From page 10 circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected one (1) of numerous receptacles throughout the facility.	K 912		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: All power strips shall be used with general	K 920	1. Extension cords and power strips have	1/16/20

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K 920	Continued From page 11 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure. (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. (3) Where run through doorways, windows, or similar openings. (4) Where attached to building surfaces. NFPA 70, 400-8. The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined there was an extension cord and power strip used to provide power to numerous electrical devices in the Maintenance Office. Failure to ensure electrical wiring is in accordance with NFPA 70 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous areas in the facility.	K 920	been removed. 2. Room inspections will be completed to ensure all extension cords and power strips are removed. 3. When/if extension cords or power strips are found they will be removed immediately. 4. Monthly room inspections will be completed by the plant manager. 5. This will be completed by 1/16/2020.	