STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING 01 - MAIN BUILDING 01 B. WING	11/30/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOME OF COMFORT INC	95 HILL TOP DR KILLDEER, ND 58640

(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 42CFR 483.70(a). The facility is located in a one-story building of Type V (000) construction. The building was protected by a NFPA 13 wet/dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 1) The facility failed to separate hazardous areas from other spaces with self-closing doors. Observation determined the air balancing between the Laundry Room and the corridor when the dryers were in operation would not allow the double doors to self-close and latch into the frame. This is a repeat deficiency from the previous LSC survey.	K 029	K029 1. Consult with heating and air professionals and implement recommendations for adjusting air handling unit to ensure closure of laundry room door even when driers are in operation. 2. All doors on door closures should have a tight closure when shut. 3. Maintenance will monitor and adjust self closing doors for a tight closure even with drafts. Professionals will be consulted as needed. 4. The Safety Director will check self closing doors for closure in the presence of drafts after repair and quarterly x 2.	~~2/28/11~~ 1/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Greg Armfield — TITLE: Administrator — (X6) DATE: 12/15/10

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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K 029	Continued From page 1 2) The facility failed to separate hazardous areas from other spaces with smoke resistive partitions. Observation determined: a) The membrane ceiling of the Boiler Room had a hole that was not sealed with smoke resistive material. b) The membrane ceiling of the Unit 2 Soiled Utility Room had a hole that was not sealed with smoke resistive material.	K 029	K029 (con't) 1. Maintenance will repair ceiling in boiler room and unit 2 soiled utility room. 2. Maintenance will audit entire facility for holes in ceilings barrier. 3. Ceiling areas will be repaired when discovered. 4. The Environmental Services Director will audit for ceiling penetrations quarterly x 2.	2/28/11 1/14/11
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 all areas were protected by the automatic fire sprinkler system. Observation determined the area along the west wall behind the furnace and metal cabinet of the Maintenance Shop was not protected.	K 062	K062 1. Viking Sprinkler will install sprinkler head in the maintenance shop to provide coverage behind the furnace. 2. The Safety Director will audit the facility for any other areas of inadequate coverage. 3. Sprinkler heads will be added if any areas are detected. 4. Environmental Services Director will check areas of inadequate coverage in 6 months.	2/28/10 1/14/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 147		

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K 147	Continued From page 2 The facility failed to assure the electrical wiring is maintained in accordance with NFPA 70, National Electrical Code. Observation determined a GFCI electrical outlet in the Rest Room of Libby's Lounge did not trip when tested.	K 147	K147 1. An electrician will replace the GFCI outlet in the Libby's bathroom. 2. Maintenance will make a list of all GFCI outlets and check all GFCI outlets to trip when tested prior to electrician visit. Electrician will replace any other malfunctioning outlets 3. Maintenance audit GFCI outlets quarterly. 4. The Safety Director will monitor for completion of the audit quarterly x 2.	~~2/28/10~~ 1/14/11