DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2015
FORM APPROVED
OMB NO. 0938-0391

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 _____	**01/06/2015**

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 findings that follow demonstrate noncompliance with these standards. The facility was 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 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: The facility failed to ensure interior ceiling finishes for rooms and spaces not used for corridors had a Class A or B rating. Observation determined polyethylene laminated oriented strand board panels were attached to the soffits on the south side of the Kitchen and Director of Dietary Office. The facility did not	K 015	K015 1. The board panels on the kitchen soffit and the soffit in the dietary director's office will be replaced with finished sheet rock. 2. Other areas of the facility were not affected. 3. A permanent replacement with appropriate material will be completed. 4. The Safety Director will audit for compliance by 2/20/2015. Findings will be reported to the Quality Assurance Committee 5. Completion Date 2/20/2015.	2/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amy Luckett | TITLE: Administrator | (X6) DATE: 1-19-15

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.

emailed 1-22-15

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K 015	Continued From page 1 provide documentation this application provided an acceptable interior finish rating. Failure to ensure fire resistive ratings on interior finish increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous rooms in the facility.	K 015	K029 1. The area in the maintenance shop where a previous wall was removed will be finished with the appropriate fire rated sheet rock construction. The space around the pipe in the laundry soiled sorting area will be sealed with the appropriate fire rated material. 2. There are no other areas of the facility with open walls. Areas with pipe penetrations will be inspected for unsealed spaces. 3. Other areas of the facility are in compliance. 4. The Safety Director will audit areas for corrective action. Findings will be reported to the Quality Assurance Committee 5. Completion Date 2/20/2015.	2/20/15
K 029 SS=D	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: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions. Observation determined: 1) There was a 4" wide strip of gypsum board missing on the ceiling and the north and south walls of the Maintenance Shop where an interior wall had been removed. 2) There was an unsealed space around a 4"	K 029		

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K 029	Continued From page 2 sprinkler pipe penetration in the north wall of the Soiled Laundry Room. Failure to separate hazardous areas from other spaces increases the risk of death or injury due to fire. The deficiency affected two (2) of nine (9) hazardous areas in the facility.	K 029		
K 062 SS=F	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 the automatic 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. Record review determined: 1) No record of the required annual back flow preventer test was available. 2) The automatic sprinkler system was not tested on an annual basis. The annual automatic sprinkler system test was conducted on 09/11/2014 and the previous annual test was conducted on 08/06/2013 exceeding 12 months.	K 062	K062 1. Testing of the back flow preventer was completed on 1/13/15. The annual testing of the automatic sprinkler system was done on 9/11/14. The next test is due 9/11/15. 2. The sprinkler system was affected. 3. Back flow preventer testing and automatic sprinkler testing is required annually. Vendors providing testing will be contacted one month prior to the due date for testing by maintenance. 4. The Safety Director will audit that maintenance has a system in place to notify the vendor within an appropriate time frame for required visits . Findings will be reported to the Quality Assurance Committee 5. Completion Date 2/20/2015.	2/20/15

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K 062	Continued From page 3 Failure to 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 numerous required tests of the automatic sprinkler system, which serves the entire facility.	K 062	K069 1. Testing for the cooking equipment fire extinguisher system inspection was completed on 8/12/2014. Another inspection will be completed by 2/12/2015. A shut off for the electrical outlet under the range will be connected to the fire extinguishing system. 2. The cooking equipment fire extinguishing system was affected. 3. Testing for the system is required every 6 months. Vendors providing testing will be contacted one month prior to the due date for testing by maintenance. Necessary repairs will be made to the system upon recommendations of the by the professional vendors . 4. The Safety Director will audit that maintenance has a system in place to notify the vendor within an appropriate time frame for required visits. The outlet will be checked for compliance. Findings will be reported to the Quality Assurance Committee. 5. Completion Date 2/20/2015.	1/20/15
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Fire extinguishing systems for commercial cooking operations must meet NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 requires an inspection and servicing of the fire-extinguishing system be made at least every 6 months by properly trained and qualified persons. The facility failed to inspect and service the fire-extinguishing system as required by NFPA 96. Records review determined: 1) The cooking equipment fire extinguishing system was inspected by an outside company on 05/17/2013 and 08/12/2014. The time period exceeded 6 months. 2) The electrical outlet under the range hood did not shut off when the extinguishing system was tested. Failure to inspect and service the fire	K 069		

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K 069	Continued From page 4 extinguishing system in accordance with NFPA 96 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire extinguishing system for commercial cooking operations in the building.	K 069		