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 _____	**01/24/2017**

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

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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. The building was protected by a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system in accordance with NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. Unless otherwise permitted by other sections of	K 345	K345 – 1. Due to the extensive hail storm Hill Top received in July, fire alarm testing was delayed due to replacing of equipment. Inspection was done on 11/10/2016 so we are in compliance at	3/10/17

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

Electronically Signed | 02/06/2017

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K 345	Continued From page 1 this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. 2010 NFPA 72, 14.4.5 1) Review of fire alarm system test records indicated the annual test of the fire alarm system was not performed as required. The most current fire alarm system annual test was conducted on 11/10/2016 and the previous test was conducted on 10/19/2015, exceeding the required annual testing requirement. 2) Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The most current load voltage test of the fire alarm system batteries was conducted on 11/10/2016 and the previous test was conducted on 04/18/2016, exceeding the required semiannual testing requirement. 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 numerous tests of the fire alarm system. The fire alarm system served the entire building.	K 345	this time. 2. All Fire alarm testing in the facility have the potential to be affected by this deficient practice. 3. Maintenance will ensure in the future that fire alarm testing is scheduled on time, by putting notices in calendars to remind the department of when testing is due. The batteries will be tested every 6 months in accordance to the testing requirements. 4. Logs for fire testing will be checked annually by November 10th, 2017 to ensure yearly compliance. 5. Corrective actions will be completed by March 10, 2017.	
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct	K 347	K347 –	3/10/17

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K 347	Continued From page 2 airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	1. An electrician has been hired and was in the facility the week of January 30th- Feb-3rd accessing all the changes that need to occur. He will move all smoke detectors at least 3 ft. from all air supply diffuser, or air supply vents. 2. Any smoke detectors near an air supply diffuser or air supply vents have the potential to be affected by this deficient practice. 3. Once the work is completed Maintenance will conduct Inspections to make sure that all detectors have been placed appropriately 4. Maintenance will then conduct inspections every month for two months. 5. All smoke detectors will be moved by the March 10. 2017.	
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 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	K 351		3/10/17

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K 351	Continued From page 3 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 STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(10) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined one (1) sprinkler in the walk-in freezer located in the Kitchen was of ordinary-temperature classification. The walk-in freezer was equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	K351 – 1. The sprinkler head in the walk in cooler and freezer will be replaced with the appropriate sprinkler head. The company replacing this sprinkler head is scheduled to come to facility by February 10, 2017. 2. This has no effect on the rest of the building because it was an isolated incident. 3. Once corrected no further action will be needed, 4. No monitoring required due to isolated deficiency 5. Corrective actions will be completed by March 10, 2017.	
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection,	K 353		3/10/17

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K 353	Continued From page 4 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 _____ 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 STANDARD is not met as evidenced by: Automatic sprinkler systems are continously 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. Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation 19.7.6, 4.6.12, NFPA 25 5.2.1.1.1, 5.2.1.1.2(6) The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Observation determined a concealed sprinkler in the corridor by Nurses Station 1 had paint on the	K 353	K353 – 1. The concealed sprinkler in the corridor by nurse's station will be replaced with a non-painted cover plate. 2. This has no effect on the rest of the building because it was an isolated incident. 3. Education was completed with all maintenance employees who complete painting in the building. 4. When painting is done in the building an inspection by Safety Director will be conducted to ensure that the cover plate is not painted. 5. Corrective actions will be completed by March 10, 2017	

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K 353	Continued From page 5 cover plate and may not operate at the correct temperature. 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 one (1) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 353		
K 712 SS=F	NFPA 101 Fire Drills Fire Drills 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 instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This STANDARD 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	K 712	K712 – 1. Fire drills will be scheduled to sound from the hours of 6am till 9pm. Simulated phone calls to the fire department by the nurse will be conducted to state where the location of the fire is and if the building needs to be evacuated. If this call is not simulated education will be provided and documentation on education	3/10/17

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K 712	Continued From page 6 alarms. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7 The facility failed to conduct fire drills as required. On 01/24/2017, fire drill records indicated: 1) Two (2) fire drills in the past year conducted prior to 9:00pm on the PM Shift did not include sounding of audible alarms. 2) Nine (9) fire drills in the past year did not include the simulation of an emergency phone call to fire department. 3) The last four (4) fire drills for the AM shift occurred at 1:00pm, 1:00pm, 1:00pm and 2:00pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Four (4) fire drills in the past year all occurred at times within 60 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected ten (10) of twelve (12) drills in the past year.	K 712	will be recorded. The fire drills that are conducted per shift will be done at various times of the day under various conditions to ensure that an adequate response occurs at all times. 2. All staff and residents of Hill Top have the potential to be affected by this deficient practice. 3. Education to all employees will be conducted on February 15th to ensure all employees understand the fire drill process. Education will continue to be done after each fire drill as well. 4. Safety director will monitor quarterly x2 to ensure all the fire drill practices meet the fire drill requirements. 5. 2 Fire Drills will be completed by March 10, 2017 with various times.	