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 _____	**02/03/2016**

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 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. Delayed-egress doors locked in the means of egress must display on the door adjacent to the releasing device visible signage in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads the following: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS Observation determined the following doors in the means of egress were equipped with delayed-egress magnetic locks but lacked proper signage on the doors:	K 038	K038 1. Egress doors on NW Northern Drive wing exit, West Meadow Lane wing exit, East and West Spring Creek wing exits will have, adjacent to releasing device, signage in letters 1 or greater and not less than 1/8 in stroke width, with contrasting background that reads: Push Until Alarm Sounds Door Can Be Opened In 15 Seconds. 2. Egress exit at front entrance, and Service Hall entrance exit could be this deficient practice. 3. The Safety Director will ensure signage on all required doors that complies with NFPA 72 Life Safety Code Chapter 10, tables 10.3.1, 10.4.2.2, and 10.4.3.	3/19/16

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

Electronically Signed | 02/10/2016

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K 038	Continued From page 1 1) The exit door from the northwest Northern Drive Wing. 2) The exit door from the west Meadow Lane Wing. 3) The east and west exit doors from the Spring Creek Wing. This deficiency affected four (4) of nine (9) exits in the means of egress from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	4. Safety Director will monitor that correct signage is in place on all egress doors every week for four weeks; then every month for two months, and then quarterly thereafter. 5. Corrective actions will be completed by March 19, 2016.	
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years.	K 054	K054 1. Hill Top Home of Comfort had smoke detector sensitivity testing done on 10-19-15, but did not have record of testing. The record for testing was obtained from AVI for 10-19-15 testing. 2. All smoke detectors in the facility have the potential to be affected by this deficient practice. 3. Safety Director will develop a log sheet with dates and specifications for smoke detector sensitivity testing in accordance with the NFPA 72 National Fire Alarm Code specifications. 4. Log for smoke detector sensitivity testing will be checked annually in September for smoke alarm sensitivity	3/19/16

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K 054	Continued From page 2 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 10/14/2013. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected the entire building.	K 054	testing schedules. 5. Corrective actions will be completed by March 19, 2016.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Buildings containing health care facilities shall be protected throughout by an approved,	K 056	K056 1. A shower curtain with 18 mesh at the	3/19/16

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K 056	Continued From page 3 supervised automatic sprinkler system in accordance with Section 9.7. 19.3.5.1 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 sprinkler coverage in the Northern Drive Shower Room was obstructed by a divider curtain. The divider curtain had 6 inches of mesh material at the top of the curtain. No other sprinkler heads were located in the room. 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 rooms in the facility. The automatic sprinkler system serves the entire building.	K 056	top of the curtain was installed in the Northern Drive shower room. 2. The bathing rooms in Northern Drive hall have the potential to be affected by this deficient practice. 3. Only mesh curtains with 18 mesh at the top to allow for sprinkler coverage, will be used in the Northern Drive shower room named in this deficiency. 4. An initial audit of all shower curtains will be done by 3-19-16, then 3 months, then in 6 months. 5. Corrective actions will be completed by March 19, 2016.	