STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING **01** B. WING _____	**06/21/2022**

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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E 000	Initial Comments A recertification survey conducted on 06/21/2022 found Hill Top Home of Comfort Inc in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
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 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.	K 291	1. Monthly 30 second testing of the emergency battery backup lights was completed on 7/22/2022 and is scheduled monthly hereafter. A 90-minute annual test of the emergency battery backup lights was conducted on 6/24/2022 and will be scheduled annually hereafter	8/5/22

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

Electronically Signed | 08/04/2022

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K 291	Continued From page 1 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Record review determined: 1) The facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during the months of July and August 2021. 2) The facility failed to conduct a 90-minute annual test of the emergency battery back-up lights in the past year. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	2. All emergency lights throughout the facility have the potential to be affected by this deficient practice. 3. Blue maintenance cards for monthly 30 second testing and annually 90-minute annual testing for battery back-up lights are in place to ensure inspections are occurring. 4. Functional monthly emergency battery backup testing will be completed at a minimum of 3 weeks and a maximum of 5 weeks between tests for not less than 30 seconds. Functional annual testing will be conducted for a minimum of 1 hour. Safety director will monitor x3 months to ensure testing is conducted and documented. 5. All required testing will be completed by August 5th.	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control	K 324		8/5/22

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K 324	Continued From page 2 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 owner's manual. At a minimum, this quick check or inspection shall include verification of the following:	K 324	1. A inspection of the wet chemical extinguishing system was conducted on 7/19/2022. 2. The cooking facilities, all staff and residents have the potential to affected by this deficient practice. 3. Blue maintenance cards for monthly wet chemical extinguishing systems are in place to ensure inspections are occurring. 4. Monthly inspections will continue to be	

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K 324	Continued From page 3 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. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed during May 2022. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire.	K 324	conducted. The safety director will monitor x 3 months to ensure testing is being conducted and documented. 5. All required testing will be completed by August 5th	

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K 324	Continued From page 4 This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: 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. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. 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 01/16/2019 exceeding the required two-year test interval. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval.	K 347	1. A sensitivity test was conducted by AVI Systems on 7/28/2022 and will be scheduled every 2 years hereafter. 2. Any smoke detectors, staff and residents of Hill Top have the potential to be affected by this deficient practice. 3. Blue maintenance card will be created to ensure AVI is scheduled for visit one month prior to last visit and sensitivity testing is part of the visit. 4. AVI Systems will continue to be scheduled yearly with sensitivity testing every 2 years. 5. All required testing will be completed by August 5th	8/5/22

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K 347	Continued From page 5 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 all smoke detectors in the facility.	K 347		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, 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 REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously 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	K 353	K353 1. The two-dry sprinklers in the facility were inspected by Nova on June 28th and discovered that the sprinklers were in fact replaced in 2017 so Hill Top remains in compliance. The sprinkler in the wheelchair cleaning room, the two (2)	8/5/22

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K 353	Continued From page 6 the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 Dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, 5.3.1.1.1.6 Any sprinkler shall be replaced that has signs of leakage; is painted, other than by the sprinkler manufacturer, corroded, damaged, or loaded; or is in the improper orientation. NFPA 25 5.2.1.1.4 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NFPA 25 5.3.2.1, 5.3.2.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined: 1) Two dry-type sprinklers in the facility in service more than 10 years had not been replaced or successfully sample tested in the last ten (10) years. 2) One sprinkler in the Wheelchair Cleaning Room was corroded and had not been replaced. 3) Two (2) of two (2) sprinkler system gauges were dated 2016 had not been replaced or	K 353	sprinkler system gauges, and the pipe for the inspector test valve have been ordered and as soon as they arrive Nova will be scheduled to replace. An inspection of the control valves and gauges were last inspected on 7/26/2022 and will be inspected monthly hereafter. 2. All sprinklers in the facility have the potential to affected by this deficient practice. 3. Blue maintenance cards for monthly sprinklers are in place to ensure inspections are occurring. Dates of last sprinkler replaced will be added to card to ensure sprinklers are in compliance. 4. Monthly inspections will continue to be conducted on the sprinklers. The safety director will monitor x 3 months to ensure testing is being conducted and documented. 5. All required testing will be completed by August 5th. A phone call was placed on August 2nd to Nova to ensure parts are on order, they confirmed and will schedule date to replace once they arrive.	

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K 353	Continued From page 7 calibrated within the last five (5) years. 4) The pipe for the inspector's test valve was plugged and had not been replaced. 5) The control valves and gauges of the automatic sprinkler system had not been inspected during October and November 2021. 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 the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers.	K 355	K 355 1. A inspection of the affected fire extinguisher was conducted on 7/23/2022 2. All fire extinguishers, staff and residents of Hill Top have the potential to affected by this deficient practice. 3. Blue maintenance cards for monthly fire extinguisher testing are in place for	8/5/22

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K 355	Continued From page 8 Record review determined no documentation was available to indicate a monthly inspection of the portable fire extinguisher located in the Mechanical Room had been completed during December 2021 and January, February, March, April, and May 2022. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	maintenance to track when testing should be conducted. 4. Monthly inspections will continue to be conducted. The safety director will monitor x 3 months to ensure testing is being conducted and documented 5. All required testing will be completed by August 5th	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 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 bathrooms, kitchens, rooftops, outdoors, indoor wet locations, locker rooms with associated showering facilities, garages and where	K 511	K 511 1. All electrical receptacles that were no ground-fault circuit-interrupter protected were removed from the Kitchen janitor closet, the northern wing tub room, Two (2) in the dining room, and one (1) in the Therapy room on 7/26/2022 and replaced	8/5/22

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K 511	Continued From page 9 receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Kitchen Janitor Closet within 6 ft. of a floor sink was not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the Northern Wing Tub Room was not ground-fault circuit-interrupter protected. 4) Two (2) electrical receptacles in the Dining Room within 6 ft. of a sink were not ground-fault circuit-interrupter protected. 5) One (1) electrical receptacle in the Therapy Bathroom was not ground-fault 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 numerous electrical receptacles in the facility.	K 511	with the appropriate ground-fault circuit-interrupter protector. 2. All areas where Ground-fault circuit-interruption are required have the potential to affected by this deficient practice. 3. Blue Maintenance card has been created to check areas requiring Ground-fault circuit-interrupter. All Life Safety Codes will be reviewed annually to ensure no changes been made. 4. Inspections will be conducted yearly on areas requiring Ground-fault circuit-interrupter. 5. All required inspections and removal of no ground-fault circuit-interrupter protected will be completed by August 5th	
K 712	Fire Drills	K 712		8/5/22

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K 712 SS=E	Continued From page 10 CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined the PM Shift fire drill conducted at 8:00 PM on 03/20/2022 did not include the use of the fire alarm. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	K 712 1. Fire drills will be scheduled to sound from the hours of 6am till 9pm. A Sound Fire drill was conducted on 7/28/2022. 2. All staff and residents of Hill Top have the potential to be affected by this deficient practice. 3. Education Safety Director and Maintenance supervisor was conducted on 8/4/2022 to ensure they understand the fire drill process. 4. Blue maintenance cards are in place to ensure fire drill are occurring. Safety director will monitor quarterly x3 to ensure all the fire drill practices meet the fire drill requirements and if done between hours of 6 am to 9pm the use of sound is used.	

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K 712	Continued From page 11	K 712	5. An August fire drill is scheduled, and monthly fire drills will continue.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA	K 918		8/5/22

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K 918	Continued From page 12 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 Review of generator test records and interview with staff: 1) Did not indicate the minimum exhaust	K 918	K 918 1. A weekly generator test was conducted on7/26/2022 and will continue hereafter. A monthly test was conducted on 7/28/2022 and it was documented what the minimum exhaust temperature provided achieved. 2. The whole facility has the potential to be affected by this deficient practice. 3. A Blue maintenance card for weekly generator testing is in place for maintenance to track when testing should be conducted. A Blue maintenance card for monthly testing is also in place to ensure documentation of minimum exhaust temperature. 4. Weekly inspections will continue to be conducted and documented and annually will also continue. The safety director will monitor x 3 months to ensure testing is being conducted and documented 5. All required testing and documentation will be completed by August 5th	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING **01** B. WING _____	**06/21/2022**

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 918	Continued From page 13 temperature provided by the manufacturer was achieved and that the monthly exercise of the 300 kW diesel generator loaded the generator to at least 30% (90 kW) of the nameplate rating. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during all required monthly exercises. 2) Determined the weekly inspection of the emergency generator was not conducted for all weeks during the past year. 3) Determined the monthly test of the emergency generator was not conducted during June, July, August, September and October 2021. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918		