

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

PRINTED: 04/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355092		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2023	
NAME OF PROVIDER OR SUPPLIER HILL TOP HOME OF COMFORT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 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
E 000	Initial Comments A recertification survey conducted on 07/25/2023 found Hill Top Home of Comfort Inc in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/03/2023

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 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and 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 surveyed using Chapter 19 Existing Health Care Occupancies. A one-story addition of Type V (111) construction was attached to the south side of the existing building in 2023 and was separated from the existing building by a wall having a two-hour fire resistance rating. The 2023 addition was surveyed using Chapter 18 New Health Care Occupancies. The entire facility was protected by wet/dry automatic fire sprinkler systems designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An assisted living building was attached to the west side of the facility. A two-hour fire rated wall assembly separated the facility from the adjoining assisted living building.			K 000			
K 291 SS=F	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			K 291			9/8/23
					K291		

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K 291	Continued From page 1 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. 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 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	1. A functional 90 minute testing of the emergency battery backup lights was completed on 7/26/2023 and is scheduled yearly hereafter 2. All emergency lights throughout the facility have the potential to be affected by this deficient practice. 3. Blue maintenance card has been updated to include the yearly 90 minute testing. 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 90 minutes. Safety director will monitor x3 months to ensure testing is conducted and documented. 5. All required testing will be completed by 9/8/2023.		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 918			9/8/23

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K 918	Continued From page 2 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 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,	K 918			
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K 918	Continued From page 3 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 did not indicate the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the 90 kW diesel generator loaded the generator to at least 30% (27 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	K 918	1. A monthly generator test was conducted on 7/26/2023 with temp exhaust recorded to show 30% load and will continue monthly hereafter. 2. The whole facility has the potential to be affected by this deficient practice. 3. A Blue maintenance card for monthly generator testing is in place for maintenance to track when testing should be conducted with temp exhausts added to be recorded when generator tests are completed. 4. Monthly inspections will continue to be conducted with appropriate documentation on exhaust temps. 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 9/8/2023.		

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K 918	Continued From page 4 manufacturer's recommended temperature during all required monthly exercises. 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 two (2) emergency generators which provide all emergency power to the facility.	K 918			