

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355092		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 09/08/2025	
NAME OF PROVIDER OR SUPPLIER HILL TOP HOME OF COMFORT INC				STREET ADDRESS, CITY, STATE, ZIP CODE 95 HILL TOP DR PO BOX 780, KILLDEER, North Dakota, 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	
K0000	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.		K0000			09/16/2025	
K0914 SS = F Bldg. 01	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with		K0914	K 914 1. An Electrical Safety Tester and a Receptacle and ground fault circuit interrupter(GFCI) was ordered on 9/10/2025 and was delivered to facility on 9/15/2025 2. All Hospital Grade Receptacles and non hospital grade receptacles at patient bed locations have the potential to be affected by this deficient practice. 3. A personal care required electrical testing form has been created for each hallway. Maintenance is currently in the process of labeling each receptacle at patient bed locations and testing is currently in process. A Blue maintenance card has been created to ensure yearly testing will be completed.		10/23/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0914 SS = F Bldg. 01	Continued from page 1 automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is NOT MET as evidenced by: The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code. Electrical systems shall be inspected, tested and maintained in accordance with the applicable requirements of NFPA 99 Health Care Facilities Code. 6.3.3.2, 6.3.3.2.1, 6.3.3.2.2, 6.3.3.2.3, 6.3.3.2.4, 6.3.4.1 Receptacle inspection and testing in patient care rooms shall include the following: 1) The physical integrity of each receptacle shall be confirmed by visual inspection. 2) The continuity of the grounding circuit in each electrical receptacle shall be verified. 3) Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 4) The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). Failed receptacles at patient bed locations shall be replaced with hospital grade outlets, per NFPA 70 National Electrical Code, 517.18 (B). These tests need to be completed at least annually on all non-hospital grade outlets in patient care rooms. Observation, record review, and interview with staff determined there was no documentation of inspection and testing of the non-hospital grade electrical receptacles at patient bed locations in the past year. Failure to inspect, test and maintain electrical	K0914	Continued from page 1 4. Yearly testing will continue to be conducted and documentation completed on receptacles at patient bed locations throughout the building. 5. All required testing will be completed by October 23, 2025.				

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K0914 SS = F Bldg. 01	Continued from page 2 receptacles in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous electrical receptacles in resident rooms in the facility.		K0914				

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E0000	Initial Comments A recertification survey conducted on 09/08/2025 found Hill Top Home of Comfort Inc in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E0000			09/16/2025

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