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

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	12/21/2009

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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(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) and NDAC 33-07-04.2-09(1)(c). The facility is 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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: The facility failed to ensure the corridor doors	K 018	K018 1. Tightened door closure on dining room doors to self close even in the presence of a draft. 2. All doors on door closures should have a tight closure when shut. 3. Maintenance will adjust self closing doors for a tight closure even with drafts. 4. The Safety Director will check self closing doors for closure in the presence of drafts after repair and quarterly x 2.	2/4/10

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

Administrator 12-31-09

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 018	Continued From page 1 resisted the passage of smoke. The double doors to the Dining Room use self-closing devices to hold the door leaves tightly against the frame. Observation determined the air balancing between the Dining Room and the corridor would not allow the double doors to self-close to the frame or resist the passage of smoke.	K 018		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with self-closing doors. Observation determined the air balancing between the Laundry Room and the corridor when the dryers were in operation would not allow the double doors to self-close and latch into the frame.	K 029	K029 1. Tightened door closure on laundry room doors to self close and latch even in the presence of a draft. 2. All latching doors on door closures should have a tight closure and latch when shut. 3. Maintenance will adjust latching self closing doors for a tight latching closure even with drafts. 4. The Safety Director will check self closing doors for closure in the presence of drafts after repair and quarterly x 2.	2/4/10
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	K 038		

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: The width of corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes must be maintained. The facility failed to maintain clear and unobstructed exit corridors. Observation determined the corridor width was obstructed by a loveseat across from the Barber/Beauty Shop and by a chair next to Nurses Station #1.	K 038	K038 1. Loveseat and chair were removed the day of survey. 2. Areas around nurse's stations and by beauty shop are corridor areas and must remain free of obstruction. 3. Signs will be Placed "No furniture or storage in this area" in favored areas for placing furniture. 4. Environmental Services Director will monitor corridors for obstruction weekly x 2, monthly x 3 and at 6 months.	2/4/10
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure the exit signs were displayed with continuous illumination. Observation determined the exit signs at the main entrance, west end of Spring Creek, north exit from the south Administrative Suite, and the east side of the cross corridor doors into Meadow Lane were not illuminated with two bulbs.	K 047	K047 1. Bulbs have been replaced in noted areas. 2. A complete listing of exit signs was made. 3. Individual signs are being monitored for frequent bulb changes. High usage signs will be replaced. Maintenance will check and replace bulbs weekly x 1 month, then bi-weekly x 5 months. 4. Environmental Services Director will monitor checks for malfunctioning signs or signs with frequent outages monthly x 6 months and replace signs as needed.	2/4/10
K 069 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 069		

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K 069	Continued From page 3 This STANDARD is not met as evidenced by: Fire extinguishing systems for commercial cooking operations must meet NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 requires an inspection and servicing of the fire-extinguishing system be made at least every 6 months by properly trained and qualified persons. The facility failed to inspect and service the fire-extinguishing system at least every 6 months. Review of the records determined the cooking equipment fire extinguishing system was inspected in November 2008, August 2009 and November 2009. The time period between November 2008 and August 2009 exceeded 6 months.	K 069	K069 1. Last range hood systems check was 11/12/09. Next check is scheduled with Western Fire and Safety on 5/3/10. 2. No other systems are affected. 3. We will continue to schedule the next date of service as soon as current check is done. 4. Safety Director will monitor for completion of service in May and November of 2010.	2/4/10
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and	K 130	K130 1. Emergency lights were tested for 90 minutes on 12/22/09. 2. Other areas of the facility would not be affected if the appropriate testing is completed. 3. A preventative maintenance card has monthly reminders. The 90 minute test will be scheduled in a set month of the year. 4. The Safety Director will monitor for completion monthly x 3 and at 6 months.	2/4/10

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K 130	Continued From page 4 testing of emergency lighting. Review of records could not verify 30-second monthly tests and the 1 1/2-hour continuous annual test of the battery-powered lighting adjacent to the generator transfer switch in the Main Mechanical Room.	K 130		