STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355101	A. BUILDING **02** B. WING _____	**03/21/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA ALPHA	**1303 27TH STREET NW** **MANDAN, ND 58554**

(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 03/21/2022 found Dakota Alpha 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 is located in a one-story building of Type V (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 347 SS=D	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	K 347	The facility failed to have the sensitivity testing completed for four (4) smoke detectors at frequencies in compliance with the minimum requirements of NDPA 72. To ensure that NDPA 72 sensitivity testing are met the following corrections will be made:	3/28/22

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

Electronically Signed | 03/31/2022

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K 347	Continued From page 1 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 in Resident Rooms A3, A5, A6, and D3 were last sensitivity tested on 05/23/2019 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. 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 four (4) of numerous smoke detectors in the facility.	K 347	Administrator contacted contract company to sensitivity test four (4) smoke detectors on 3/22/22. Contract company completed the four (4) sensitivity smoke detectors tests on 3/28/22. Audits will be performed by the administrator or other designee on sensitivity reports received from the contract company to ensure all sensitivity tests have been completed. If it is discovered that sensitivity test have not been completed, the administrator or designee will reschedule contract company to complete the missing sensitivity tests. The administrator or other designee will repot the audit results and actions taken for the sensitivity testing to the quarterly QAPI committee.	
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 provided for the protection of	K 355	The facility failed to ensure portable fire	3/23/22

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K 355	Continued From page 2 cooking appliances that use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be actuated prior to using the fire extinguisher. 19.3.5.12, 9.7.4.1, NFPA 10, 5.5.5, 5.5.5.3 The facility failed to inspect portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the facility failed to post an operational sign at the location of the Class K fire extinguisher. 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	extinguishers comply with NFPA 10. The Class K fire extinguisher located in the kitchen failed to have an operational sign at the location. Maintenance contacted contracted company to attain a Class K fire extinguisher operational sign on 3/22/22. Class K fire extinguisher operational sign was placed by maintenance above the Class K fire extinguisher on 3/23/22. Audits will be performed by the administrator or other designee on fire extinguisher signage and fire extinguisher reports received form the contract company to ensure fire extinguishers have the proper signage for use. If it is discovered that portable fire extinguishers do not have proper signage administrator or other designee will reschedule contract company or maintenance to provide proper signage. The administrator or other designee will report the audit results and action take for the fire extinguisher signage to the quarterly QAPI committee.	
K 712 SS=F	Fire Drills 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	K 712		3/31/22

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K 712	Continued From page 3 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 all fire drills did not include the simulation of an emergency phone call to the fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected eleven (11) of twelve (12) required drills in the past year.	K 712	The facility failed to include the simulation of an emergency call to 911 during eleven (11) of twelve (12) required drills in the past year. To ensure that NFPA 101 fire drill standards are met the following corrections will be made: The fire drill form and procedure have been updated on 3/24/22 to ensure it is accurate to include simulated calls to 911. Maintenance, Nurses, administrative assistant and management staff have been trained on the new fire drill form and procedure by 3/31/22. Audits will be performed by the administrator or other designee monthly for 6 months to monitor and track the fire drill process and to ensure fire drill forms are completed correctly to ensure a simulated call to 911 has been completed. If the fire drill form has not been completed correctly the administrator or other designee will provide education to the designated person for the fire drill and a new fire drill will be performed within 7 days. The administrator or other designee will report the audit results and actions taken	

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K 712	Continued From page 4	K 712	for the simulation of an emergency call to 911 at the quarterly QAPI committee.	