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

PRINTED: 09/15/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDCENTER ONE MANDAN CARE CENTER OFF COLLINS	201 14TH 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
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 42 CFR 483.70(a). The facility is located in a one-story building of Type II (000) construction on a concrete slab. The facility is protected throughout by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) 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 testing of emergency lighting. Review of records indicated the last annual 1 ½-hour test of the battery-powered lighting located in the Boiler Room (above the generator) was done in June, 2009. 2) Transfer switches must be subjected to a maintenance program including connections,	K 130	POC K 130 It is the intent of MedCenter One Mandan Care Center Off Collins to remain in compliance with K 130 as evidenced by the following: 1) Functional testing of all required emergency lighting systems will be completed on 30 day intervals for not less than 30 seconds. Annual testing of all required battery powered emergency lighting system for not less than 1 ½ hours. Maintenance personnel will insure this equipment is fully operational for the duration of the test. A written record of visual inspections and tests will be kept in the maintenance office and available for inspection upon request. A master schedule will also be mounted on the wall of the maintenance office to reflect the planned testing dates and test completion dates of all required inspections related to this deficiency. Both the monthly and annual tests were completed and documented during the month of September (See Attached Documentation). Maintenance personnel will accomplish future monthly testing no later than the second Friday of each month. The Facility Administrator will review future scheduled inspection dates and monitor the completion of each inspection. Date Certain: 10/08/10	

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

ADMINISTRATOR 10-03-10

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 130	Continued From page 1 inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch for 2010.	K 130	It is the intent of MedCenter One Mandan Care Center Off Collins to remain in compliance with K 130 as evidenced by the following: 1) Quarterly checks and maintenance of the generator will be completed and documented by maintenance personnel on an inspection tracking form. This form will be posted in the maintenance office for review during inspections. A master schedule board will also be posted on the wall in the maintenance office indicating both the scheduled and completed status of these inspections. A test was conducted and documented during the month of September (See Attached Documentation). Maintenance personnel will accomplish future quarterly testing as required. The next test will be conducted no later than 10/08/10. The Facility Administrator will review future scheduled inspection dates and monitor the completion of each inspection. Date Certain: 10/08/10	