

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

PRINTED: 09/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/31/2022	
NAME OF PROVIDER OR SUPPLIER MILLER POINTE, A PROSPERA COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3500 21ST ST SE 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			E 000			
K 000	A recertification survey conducted on 08/31/2022 found Miller Pointe, A Prospera Community in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. INITIAL COMMENTS			K 000			
K 351 SS=F	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 was located in a one-story building of Type V (111) construction. The building was protected throughout with a wet and dry automatic fire sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit			K 351			10/15/22

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

TITLE

(X6) DATE

Electronically Signed

09/08/2022

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 351	Continued From page 1 sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined the Wing Air Handling Unit Rooms In six (6) of six (6) wings had no sprinkler coverage under the air handling unit. The air handling unit measured 4'3" x 5'3". The deficiency affected six (6) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	A maintenance program will be established to ensure that facility has installed an adequate automatic sprinkler system that covers all portions of the building. Six of six air handling unit rooms had sprinkler coverage under the air handling unit installed by October 15h, 2022 per NFPA 13 requirements. Quality coordinator or designee will audit installed fire sprinklers monthly x1 month. QA committee will review with any further recommendations to be followed.		
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective	K 374		10/15/22	

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K 374	Continued From page 2 plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: The facility failed to ensure doors in smoke barrier walls were self-closing and resisted the passage of smoke. 19.3.7.6, 19.3.7.8, 19.3.7.9. Observation determined the double set of cross-corridor doors in the smoke barriers near the Dietary Services Office, the 300 wing near the Dining Room, and the 400 wing near the Hearth Room failed to self-close to the fully closed position and resist the passage of smoke. Failure to ensure smoke barrier doors were self-closing and resisted the passage of smoke increases the risk of injury and death from fire. This deficiency affected three (3) of ten (10) sets of cross-corridor doors in smoke compartments in the facility.	K 374	A maintenance program will be established to ensure doors in smoke barrier walls are self-closing and resist the passage of smoke Door seal brushes were ordered on September 6th. Door seal brushes will be installed and doors adjusted on all 18 fire doors to ensure self-closure and resist the passage of smoke by October 15th 2022. Quality coordinator or designee will audit closure of all 18 doors monthly x 12 months. QA committee will review with any further recommendations to be followed.		