STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING **02 - MILLER POINE, A PROSPERA COMMUNITY** B. WING _____	**09/12/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER POINTE, A PROSPERA COMMUNITY	**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
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 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.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Level 1 or Level 2 EPS equipment locations shall be provided with battery-powered emergency lighting. This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. 19.2.9.1, 7.9.2.4, NFPA 110 7.3.1, 7.3.2 Observation determined the emergency power transfer switch location in the Central Building Electrical Room was not provided with	K 291	An approved battery backup emergency lighting device will be installed at the transfer switch in the electrical room. This is the only transfer switch inside the facility, so no other affected areas should exist. The battery backup light will be checked as required and batteries changed as recommended. The Environmental Service Director will verify the installation and report the Miller Pointe CQI committee at their October 2017 Meeting.	10/27/17

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

Electronically Signed | 09/20/2017

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K 291	Continued From page 1 battery-powered emergency lighting as required. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency power transfer switch locations.	K 291		
K 347 SS=E	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: In spaces served by air-handling systems, smoke detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined seventeen (17) smoke detectors throughout the facility were installed within 36 in. of an air supply diffuser, return air opening or ceiling fan. Failure to install the smoke detection system as required increases the risk of death or injury due to fire.	K 347	Miller Pointe will have contractor move smoke detectors at least 3 feet from the opening of any air intakes or diffusers. Upon completion Maintenance staff will conduct a visual inspection of all ceilings in each room to ensure there are no other improperly placed detectors. An annual survey of the facility will be conducted by administrative and environmental staff and if any smoke detectors are improperly placed, a work order will be completed to move the diffuser or detector to meet the life safety code. The Environmental Service Director will verify the smoke detector moves and report to the Miller Pointe CQI committee at their October 2017 Meeting and annually thereafter.	10/27/17

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K 347	Continued From page 2 This deficiency affected seventeen (17) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347		
K 351 SS=D	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 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: Health care facilities shall be protected throughout by an approved, supervised automatic fire sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. 19.3.5.3, 19.3.5.4, 9.7.1.1(1), NFPA 13 The facility failed to install the automatic sprinkler system in accordance with NFPA 13.	K 351	High temperature heads will be installed in front of all Horizontal Discharge Heaters. A sprinkler head that was identified as missing in the Neighborhood 4 mechanical room will be installed to meet NFPA 13. Environmental Service Directors from Miller Pointe as well as other Prospera facilities will conduct a survey of Miller Pointe including the existence of a sprinkler head in each	10/27/17

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K 351	Continued From page 3 1) Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Observation determined the Neighborhood 4 Mechanical Room had no sprinklers. 2) Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) Observation determined: a) One (1) sprinkler in the Central Building Sprinkler Valve Room and one (1) sprinkler in the Garage installed within 7 ft. of unit heaters were not high-temperature-rated. NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. b) One (1) sprinkler in the Garage installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit heaters was not intermediate-temperature-rated. NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire.	K 351	room as well as inspect horizontal heater locations to ensure all horizontal heaters and their sprinkler heads have been identified as high temperature heads, and changed if found to not meet the Life Safety Code. High temperature heads will be used in the identified zone in front of any new heaters installed in the future. The Environmental Service Director will verify the installation and report the Miller Pointe CQI committee at their October 2017 Meeting and annually thereafter.	

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K 351	Continued From page 4 The deficiency affected sprinkler coverage in three (3) of numerous locations in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6,	K 353	A sprinkler Maintenance and Inspection Agreement has been signed with Nova. This shall include inspections required quarterly and annually. Miller Point maintenance staff will conduct monthly inspections of the control valve and gauges and document findings. A review will be conducted by the environmental services director to ensure that all	10/27/17

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K 353	Continued From page 5 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined: 1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) Quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate flow tests were conducted during the second quarter of 2017. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	required Life Safety inspections have agreements in place and that they have been performed. Administrator and Environmental Service Director will sign off on monthly, quarterly, and annual reviews when completed. A review of all required inspections and drills will be conducted annually at our mock survey. The administrator will be provided a list of all required inspections and who will conduct them and the date due. Compliance with required inspections will be reported the Miller Pointe Quality Assurance Committee at their October 2017 meeting and quarterly thereafter for one year.	
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 shall be manually inspected	K 355	This extinguisher was in a kitchenette in	10/27/17

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K 355	Continued From page 6 when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the inspection tag on the Class K fire extinguisher located in the Neighborhood 4 Kitchen had not been initialed to indicate a monthly inspection during August 2017. 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	a unit that was not being occupied by patients as of the survey date and was missed in the monthly inspections and has been checked for September and will be checked going forward. A floor plan with the location of all extinguishers will be created and used for the monthly inspections to make sure none are missed as of this month and monthly going forward. Each location will be checked to indicate the inspection was completed, and will be signed by the Environmental Service Director and Administrator monthly. The monthly completion of the extinguisher inspections will be reported to the Miller Pointe Quality Assurance Committee in October, monthly for 3 months and quarterly thereafter for one year.	
K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2,	K 711		10/27/17

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K 711	Continued From page 7 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: A written health care occupancy fire safety plan shall provide for all of the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire 19.7.2.2 The facility failed to provide a fire safety plan as required. Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected one (1) of nine (9) required fire safety plan provisions for the facility.	K 711	The evacuation and relocation plan will be updated to include a simulated call to the fire department. This will be added to the fire drill forms. Environmental Service Staff will check off that a simulated call to the Mandan Fire Department was completed on each monthly fire drill. This form will be signed off monthly by the Administrator and Environmental Services Director. Staff will be educated on the change to the evacuation and relocation plan via memo and during drills for the next 12 months. Facility Administrator will verify the plan update and the change will be reported to the Miller Pointe Quality Assurance Committee in October and monthly for 3 months, and then quarterly for one year.	
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 unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures	K 712		10/27/17

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K 712	Continued From page 8 and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7 The facility failed to conduct fire drills as required. Fire drill records indicated fire drills did not include the simulation of an emergency phone call to fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected all fire drills.	K 712	The evacuation and relocation plan will be updated to include a simulated call to the fire department. This will be added to the fire drill forms. Environmental Service Staff will check off that a simulated call to the Mandan Fire Department was completed on each monthly fire drill. The drill check list will be reviewed to make sure it has all required components for a fire drill. Staff will be educated on the change to the evacuation and relocation plan via memo and during drills for the next 12 months. Facility Administrator will verify the plan update and the change will be reported to the Miller Pointe Quality Assurance Committee in October and monthly for 3 months, and then quarterly for one year.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source	K 918		10/27/17

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K 918	Continued From page 9 and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.	K 918	The generator test was missed the first month of occupancy which occurred March 7, 2017. The tests were completed each subsequent month and will continue to be completed. A review of all required inspections and drills will	

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K 918	Continued From page 10 EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. NFPA 99 6.4.4.1.1.4, NFPA 110 8.3, 8.4.1 The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review determined no documentation was available to indicate the generator was tested during the month of March of 2017. Failure to inspect and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	be conducted annually at our annual mock survey and signed off by our administrator and environmental services director upon completion. Upon completion of the required generator under load tests, documentation of the test will be signed off by the Environmental Services Director and Administrator. The completion of the tests will be reported to the Miller Pointe Quality Assurance Committee monthly for 3 months and quarterly for one year, beginning with the October 2017 meeting.	