STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355052	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NELSON COUNTY HEALTH SYSTEM CARE CENTER	**108 E NYHUS AVE** **MCVILLE, ND 58254**

(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). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type II (000) construction with no basement. The building was equipped with a wet automatic fire sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available.	K 051		12/9/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/10/2016

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 051	Continued From page 1 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted. NFPA 72 1-5.6 The facility failed to install the fire alarm system in accordance with NFPA 72, National Fire Alarm Code. Observation determined the fire alarm panel located in the corridor of the attached assisted living unit was not protected with an approved device. Failure to install the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) fire alarm panel in the facility, which serves the entire building.	K 051	1. An automatic smoke detection device will be installed above the fire alarm control unit located in the corridor of the attached assisted living unit. 2. This will encompass all areas of the facility. 3. This results in a permanent correction. 4. This results in a permanent correction 5. Date of correction 12/09/2016	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: The facility failed to maintain the fire alarm	K 052	1. The heat detector was immediately	10/27/16

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K 052	Continued From page 2 system as required. Devices and appliances shall be located and mounted so that accidental operation or failure is not caused by vibration or jarring. Observation determined a heat detector in the Boiler Room was not located and installed as intended. The heat detector was hanging by its wires from the ceiling. Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3, and 1-5.5.2.2.	K 052	mounted into it□s correct position after completion of the survey. 2. A walk around by maintenance staff identified all of the heat detectors in the facility and all were mounted appropriately. 3. Visual checks of all heat detectors will be done weekly. If any work is being done that involves the area of a heat detector, or a change in the heat detector, maintenance will ensure it is correctly positioned immediately that day, and a follow up by Administration will be done to the area to ensure it□s completion. 4. Maintenance will complete a monitoring report for ensuring all heat detectors are mounted appropriately, and include this monitor in their quarterly QAPI report. 5. 10/27/2016	
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined that one (1) smoke detector located in the Front Lounge was	K 054	1. The smoke detector located in the Front Lounge requires wiring by an electrician and one has been contacted to connect it to the main panel. It will be moved a distance greater than 3 ft from the return air opening upon the electricians arrival. 2. A walk around by Maintenance of the remaining smoke detectors in the building located by a return air opening and found them to be in compliance with the	12/9/16

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K 054	Continued From page 3 installed within three feet of a return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 054	distance requirement. 3. This is a permanent correction. 4. This is a permanent correction. 5. Date: 12/09/2016	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 1) The facility failed to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system. (Heat from a fire stratifies to the suspended ceiling and travels along the suspended ceiling to activate the sprinkler. When suspended ceiling tiles are missing or damaged, it delays the activation of the automatic fire sprinkler system). Observation determined the suspended ceiling tiles were missing in the Dietary Food Pantry. Failure to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system increases the risk of injury and death by fire. This deficiency affected one (1) of two (2) smoke compartments. 2) The facility failed to ensure the automatic fire sprinkler system was continuously maintained in	K 062	1. The suspended ceiling tiles were immediately replaced and the automatic fire sprinkler was cleared after completion of the survey. 2. A map of all sprinklers located in the building was used to verify maintenance of all remaining fire sprinklers in the facility. 3. Monthly, the maintenance staff will inspect and ensure all fire sprinklers are clean and clear of any debris. In addition, the Safety Committee has added this to their list and will visually inspect all areas when they complete their unannounced safety rounds, and any work done with ceiling tiles in any area will be checked by that department to ensure they have been replaced after any repairs or checks are done by Maintenance. 4. A monitoring report by maintenance, the Safety committee, and applicable departments where ceiling tiles have	10/27/16

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K 062	Continued From page 4 a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined one (1) of one (1) sprinkler in the Laundry Soiled Linen Room had a large amount of lint on the sprinkler deflector and may not operate at the correct temperature. Failure to inspect, test and maintain the components of the automatic fire sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected one (1) sprinkler of numerous sprinklers of the automatic sprinkler system which serves the entire building.	K 062	been removed for maintenance or repairs will be reported by each area to the QAPI committee to ensure ongoing monitoring and compliance 5. 10/27/16	
K 066 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.	K 066		10/27/16

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K 066	Continued From page 5 (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Smoking regulations must be adopted and include the prohibition of smoking in violation of the facility's Smoke Free policy. 19.7.4 The facility failed to ensure all building occupants adhered to the facility's Smoking Policy. Observation determined the presence of several discarded smoking materials on the floor of the Boiler Room. Surreptitious smoking increases the risk of fire. Failure to ensure smoking policies are followed increases the risk of injury and death by fire. This deficiency affected the entire facility.	K 066	1. The area was immediately cleaned of the discarded materials after completion of the survey. 2. An inspection by Administration of all other areas in the facility showed no discarded materials present. 3. All facility staff were informed by administration of the organizations safety policies including no smoking, and were informed of the disciplinary action that would occur if these policies were violated. A memo was also placed next to the time clock to ensure all staff are reminded and remain informed. 4. Administration has checked all areas at nonscheduled times two or more times daily to verify continued compliance with no violations found. Unannounced observations and varied daily observations (2-3/day) by Administration will continue for the next quarter to ensure ongoing compliance. A report will be provided by Administration re: their monitor of this area as part of the QAPI program to ensure continued compliance with this regulation. 5. 10/27/16	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: The facility failed to test and service the	K 069	1. A review of the records from the hood	10/27/16

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K 069	Continued From page 6 fire-extinguishing system serving the Kitchen exhaust hood every 6 months. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected and serviced on 01/15/2016 and 08/07/2016 by an outside company. The time between inspection and servicing exceeds 6 months. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood increases the risk of injury or death due to fire. This deficiency affected one (1) of two (2) required inspections of the Kitchen exhaust hood fire-extinguishing system in the past year.	K 069	inspection business indicates the date of the last inspection was 2016-07-08 and not 2016-08-07. We are in compliance and will continue with the next inspection date in 6 months based on the fire inspection report. 2. There are no other areas of the facility that have a fire hood. 3. Maintenance will contact the fire hood inspection company 45 days in advance of the next inspection period to ensure the inspections are completed on a timely basis. 4. Maintenance will maintain their inspection reports to verify compliance and include them in the organizations QAPI reporting system to ensure continued and timely compliance. 5. 10/27/16	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. NFPA 70 National Electrical Code 110.26, 110.26(A)(1), (2). Clear working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space, shall be suitably guarded. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 inches (750 mm), whichever is	K 130	1. The Boiler room was cleared of all materials and cleaned. The exhaust pipe for the dryer was reconnected. Facility staff were educated re: the LSC requirements and progressive disciplinary action to be taken if any items are left and/or stored that violates these requirements. 2. Any portion of the facility could potentially have incorrect storage and/or placement of materials that could pose a safety hazard. All areas with the potential for dust/lint buildup in laundry will be inspected daily by laundry staff, and weekly by maintenance staff to ensure	10/27/16

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K 130	Continued From page 7 greater. The facility failed to ensure adequate clearance was maintained between combustible storage and two (2) electric boilers in the Boiler Room. Observation determined the entire room housing two (2) boilers had a large volume of combustible storage within one (1) foot and less adjacent to two (2) of two (2) boilers. Failure to ensure adequate clearance to two (2) of two (2) boilers increases the risk of injury and death. This deficiency affected one (1) of two (2) smoke compartments. 2) Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. 4.5.7. Maintenance. The facility failed to maintain one (1) of two (2) gas-fueled dryers. Observation determined the presence of an excessive amount of lint from the north dryer in the Laundry Room. Upon investigation, it was determined the exhaust pipe for the dryer was not connected at a joint. Failure to provide preventive maintenance on one (1) of two (2) gas-fueled dryers increases the	K 130	they are appropriately clear and functioning. 3. Daily maintenance rounds, along with weekly safety rounds will monitor for compliance in the Boiler room, as well as the incorrect storage and/or placement of materials in any other location of the facility. 4. Maintenance round monitors and Safety Committee rounds will be documented and reported in the organizations QAPI program to ensure continued compliance. 5. 10/27/16.	

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K 130	Continued From page 8 risk of injury and death by fire. This deficiency affected one (1) of two (2) dryers in the Laundry and one (1) of two (2) smoke compartments in the building.	K 130		