STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355052	A. BUILDING **01** B. WING _____	**12/19/2019**

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

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E 004 SS=F	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2	E 004		2/2/20

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

Electronically Signed | 01/26/2020

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E 004	Continued From page 1 years. This REQUIREMENT is not met as evidenced by: Documentation review and staff interview determined the facility failed to establish and maintain a comprehensive Emergency Preparedness program. The Administrator indicated the facility had not completed an annual review and update of the facility's Emergency Preparedness Plan. Failure to establish and maintain a comprehensive Emergency Preparedness program increases the risk of injury and death. The deficiency affected the entire facility.	E 004	1. The current emergency preparedness plan will be reviewed and updated. The emergency preparedness plan is placed on the maintenance calendar for review annually. This calendar is included in the maintenance department binder. 2. The administrator and maintenance department personnel will meet regularly to discuss and act on the any items on the maintenance calendar. If changes are made, the checklist will be adjusted to include all required reviews. 3. Measures put into place are education of the maintenance and administration departments about the review process. 4. The maintenance inspection binder is reviewed periodically to see what tasks are to be completed. The emergency preparedness plan will be part of the review. 5. 2/2/2020	
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.	K 000		

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K 000	Continued From page 2 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 NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire resistance rated barrier provided separation to a building attached to the north side of the nursing facility housing assisted living apartments.	K 000		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		2/2/20

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K 324	Continued From page 3 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 7.2.1 At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 7.2.2 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed in the past year. An outside company did conduct semi-annual inspections of	K 324	1. Corrective action will be completed by a monthly checklist. We created a checklist of inspection requirements for the chemical extinguishing system in the kitchen. This list is included in the maintenance department binder. The maintenance department will inspect the chemical extinguishing system using the checklist. 2. The administrator and maintenance department personnel will meet regularly to determine and identify items in the facility that require inspection. If changes are made, the checklist will be adjusted to include all required inspections. 3. Measures put into place are education of the maintenance and administration departments about the inspection process. 4. The maintenance inspection binder is reviewed periodically to see what tasks are to be completed. The inspection checklist will be part of the review. 5. 2/2/2020	

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K 324	Continued From page 4 the system. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. 1) Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72,	K 345	1. Corrective action will be completed by communication with our outside inspection companies and adding the required load voltage test and itemized list of device test results to their reporting requirements. Also, these requirements will be added to our maintenance checklist, so that we can verify the results and their timeliness. It will be included in the maintenance department binder. 2. The administrator and maintenance department personnel will meet regularly to determine and identify items in the facility that require inspection. If changes are made, the checklist will be adjusted to	2/2/20

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K 345	Continued From page 5 Table 14.4.5 Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done on 10/15/2019 by an outside company during the annual inspection. Records did not indicate any other load voltage test on the fire alarm system batteries in the past 8 months, exceeding the allowable frequency for semiannual tests. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility. 2) Review of documentation determined device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire.	K 345	include all required inspections. 3. Measures put into place are education of the maintenance and administration departments about the inspection process. 4. The maintenance inspection binder is reviewed periodically to see what tasks are to be completed. The load voltage test and itemized list of device test results will be part of the review. 5. 02/02/2020	