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 _____	**10/24/2017**

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 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 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. An assisted living building was located to the north of Nelson County Health System Care Center and the buildings were attached at two locations. Two-hour fire resistant barriers separated the assisted living building from the nursing home.	K 000		
K 347 SS=D	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: 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, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection	K 347	1. How the correction action will be accomplished. The corrective action will be accomplished by having the two (2) smoke detectors moved farther than 3	11/17/17

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

Electronically Signed | 11/05/2017

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K 347	Continued From page 1 system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined two (2) smoke detectors in the East exit corridor were installed within 3 ft. of an air supply diffuser. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected two (2) of seventy (70) smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	feet from any air supply diffuser or return air opening. 2. How will the facility identify other portions of the facility having the potential to be affected by the same deficient practice. We will inspect and identify other portions of the facility that have smoke detectors and ensure they are greater than 3 feet away from an air supply diffuser or return air opening. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. This is a permanent correction. 4. How will the facility monitor its corrective actions(s) to ensure the deficient practice is being corrected and will not recur. The facility will monitor it so as if we need to do some changes or remodeling, we will take action to make sure it is correct. 5. Date(s) when the corrective action(s) will be completed. These date(s) must be acceptable to the department. Corrections must be completed within forty-five days of the survey completion date or December 8, 2017 unless an alternative schedule of correction is accepted by the department.	

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	355052	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/24/2017**

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K 347	Continued From page 2	K 347	The corrections will by completed by November 17, 2017.	
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: 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) 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	K 351	1. How the correction action will be accomplished. The corrective will be accomplished by having the one (1) ordinary temperature rated sprinkler in the Laundry room (Red) replaced by the (Blue) sprinkler head (hi-temp). 2. How will the facility identify other portions of the facility having the potential	11/17/17

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K 351	Continued From page 3 building. Observation determined one (1) ordinary temperature rated sprinkler in the Laundry was within 7 feet of a horizontal discharge unit heater. 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. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	to be affected by the same deficient practice. We will identify other portions of the facility by doing walkthroughs to ensure sprinkler are the proper type when within 7 feet of a horizontal discharge unit heater. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. Measures will be put into place by having the distance and type of sprinkler written down in the fire manual. 4. How will the facility monitor its corrective actions(s) to ensure the deficient practice is being corrected and will not recur. The facility will monitor it so as if we need to do some changes or remodeling, we will take action to make sure it is correct. 5. Date(s) when the corrective action(s) will be completed. These date(s) must be acceptable to the department. Corrections must be completed within forty-five days of the survey completion date or December 8, 2017 unless an alternative schedule of correction is accepted by the department. The corrections will by completed by November 17, 2017.	