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DIVISION OF FIRE SAFETY AND CONSTRUCTION

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	11/15/2010

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 facility was located in a one-story building of Type II (000) construction that was protected by a wet automatic 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 with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	See Page 2	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Courtney Swenson, CEO		12/2/2010

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 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system with approved components, devices or equipment was installed according to NFPA 72 to provide effective warning of fire in any part of the building. Observation determined an annunciator panel was not provided at a constantly occupied area (Nurses Station). The annunciation panel must monitor the primary functions of fire alarm panel: 1) Audible and visible signals that indicate system trouble. 2) Visible signals that indicate which fire alarm zone is in alarm. 3) Audible and visible monitor of fire alarm system supervisory signal.	K 051	1. NCHS requests an extension for this deficient practice. As you are aware, we are constructing an AL facility to be attached to our LTC facility. The electrical contractor for that project also was awarded the bid for another Energy efficiency grant we received from the Department of Commerce. The required "rules" for the Commerce grant required work from their contracted engineer to do a workplan and bid process, which extended the original timeline for work to proceed. As a result of the Commerce grant, we will be replacing our boiler in the LTC facility, which will also include an updated electrical panel. Our plans were to have the boiler and new panel completed prior to the arrival of winter, as the boiler would need to be shut down for a number of hours to accomplish the required electrical work which will put our residents at risk for non-compliant room temperatures. The original plan and grant timeline indicated the electrical contractor would do the work required earlier this season, and in conjunction with a new annunciator panel at our nurses station, as well as tie in with the new fire alarm system in the AL project. Due to the delay, the electrical contractor who was awarded the bid needed to change his timeline with the AL project and which was approved by the architectural firm in charge of the project. I have contacted two other electrical contractors to determine if they would be available to install the annunciator panel in order to comply with the PoC timeline, and they are unable to do so, due to already scheduled work they have contracted for. As a result, we are unable to complete the actions required to comply and ask for an extension. 2 & 3.Completion of this installation as requested will be a permanent correction , which will have no potential to affect any other portion of the facility and it will remain in compliance. 4. The new installation will not require additional monitoring, other than the routine monitoring as required, which we have been in compliance with. 5. March 11, 2011	
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: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.			

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K 062	Continued From page 2 Observation determined one (1) sprinkler in the Soiled Linen Room had paint on the sprinkler deflector and may not operate at the designed temperature.	K 062	1. The sprinkler head was replaced immediately. 2. No other painting projects have occurred since this area was painted. 3. The painting in that area was completed over 4 years ago. Environmental services will check every sprinkler head after completing any painting project and provide verification of this action to the QA coordinator at the CC. The QA coordinator will include this information in her monthly report, as verification of the checks, whenever painting is completed. 4. Administration has to approve all painting projects. Upon approval of same, the QA coordinator will be informed of this task and verify completion of a visual check by Environmental services along with their report for that months' QA report. 5. November 15, 2010	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 section 8.6.2 Temporary Separation Walls. a) Protection must be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls must have at least a 1-hour fire resistance rating. c) Opening protectives must have at least a 45-minute fire protection rating. The facility failed to ensure the protection of existing structures and equipment from exposure fires resulting from construction, alteration, and demolition operations. Observation determined the facility failed to preserve existing life safety systems or provide one-hour fire rated walls between the occupied spaces and the new addition.	K130	1-4. This deficiency has been corrected and verified by a LSC surveyor for the first wall constructed as noted in this tag, as well as compliance with a second wall built by another onsite LSC visit. The first wall was also documented with photographs, which were provided to the LSC surveyors. 5. November 17, 2010	

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K 130	Continued From page 3 1) No one-hour fire rated separation existed between the occupied nursing facility exterior and the construction of the new addition. 2) The door in the two-hour occupancy separation wall constructed between the new assisted living building and the existing building failed to provide any fire resistive separation due to inappropriate installation. Observation determined lack of self-closing hardware, unsealed spaces around the frame attached to a wood stud, inappropriate frame throat size for the wall opening, and unsealed spaces at the head of wall joint. 3) The two-hour occupancy separation wall did not comply due to the lack gypsum board on exposed wood studs on both sides of the wall.	K 130		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to ensure the generator was inspected weekly, including battery electrolyte levels. 1999 edition, NFPA 110, 6-3.6. Observation determined the batteries for the emergency generator were of the maintenance	K 144	1. The maintenance free battery was replaced with a regular battery which Enables maintenance checks of electrolyte levels. 2. There are no other generators for this facility, and therefore no other portions that could be affected. 3. A non-maintenance battery placement ensures this practice will not recur. 4. Electrolyte level checks will be completed As required during generator checks and will be Documented on the maintenance checklist by Environmental staff. 5. 11/17/2010	

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K 144	Continued From page 4 free design. Maintenance free batteries are specifically disallowed in NFPA 110, 1999 edition, chapter 3-5.4.5.	K 144		