

RECEIVED
PLP CONSTRUCTION
08 2014
CG 01 - MAIN BUILDING 01
DIVISION OF LIFE SAFETY
AND CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 09/22/2014	
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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.		K 000				
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:		K 018				

TITLE _____

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 018	Continued From page 1 The facility failed to ensure the corridor doors latched into their frames and resisted the passage of smoke. Observation determined the door to Patient Room #15 failed to latch into the frame. Failure to ensure corridor doors latch properly increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor doors in the facility.	K 018	1. K 018 Door to Resident Room #15 will be trimmed to assure that it latches properly. 2. All latching doors have this potential problem. 3. Visual inspection of each door as it latches will be added to the monthly inspection checklist.	10/20/14	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing door assemblies. Observation determined: 1) The door to the Northeast Wing Linen Room (exceeding fifty (50) sq feet with a combustible	K 029	4. Maintenance will complete their monthly inspection and forward the results to the QA committee monthly for the first three months and then quarterly for the remainder of a year. 1. K 029 A self-closing device will be attached to the door to the Northeast Wing Linen Room. A metal cover plate will be attached to the east door of the Boiler Room. 2. All doors with a combustible load have the potential to be affected.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 029	Continued From page 2 load) did not have a self-closing device. 2) The east door to the Boiler Room had a hole from a door knob that had been removed. Failure to separate hazardous areas from other spaces increases the risk of death or injury due to fire. The deficiency affected two (2) of ten (10) hazardous areas in the facility.	K 029	3. The monthly inspection checklist will be changed to include monitoring of combustibles. When combustibles are discovered, the maintenance personnel will note it on the checklist and take precautions to secure the area.	10/20/14	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required by NFPA 72, National Fire Alarm Code. Load voltage tests were conducted annually with the last test performed on 12/04/2013.	K 052	4. Maintenance will complete their monthly inspection and report their results to the QA Committee on a monthly basis, for the first three months. They will continue to monitor this and report quarterly to the QA Committee for the remainder of a year. 1. K 052 Load Voltage tests will be increased to twice per year. 2. The entire property is served by this equipment. 3. Monthly Duties will be updated to include the semi-annual load voltage tests. The monthly inspection checklist will have this item added.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 052	Continued From page 3 Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. 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.	K 052	4. Maintenance will complete their monthly inspection and forward the results to the QA committee monthly for the first three months and then quarterly for the remainder of a year.		10/27/14
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 properly install grease filters in the exhaust hood in the Kitchen. Observation determined that the grease filters in the exhaust hood over the cooking equipment in the Kitchen were installed horizontally with the grease openings located at the sides of the filters instead of the vertical orientation to allow grease to drain into the existing drip tray below the filters. Failure to properly install grease filters increases the risk of death or injury due to fire.	K 069	1. K 069 Grease filters will be removed, cleaned and reinstalled properly. This will ensure proper drainage. 2. This being the only exhaust hood in the facility, there are no other areas that may be affected.		10/20/14
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards	K 076	3. The monthly inspection checklist will be updated and include a question about the proper installation of grease filters in the exhaust hood. 4. Maintenance will complete their monthly inspection and forward the results to the QA committee monthly for the first three months, then quarterly for the remainder of a year.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 076	Continued From page 4 for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. Observation determined: 1) Combustible materials including tubing, masks, and shelving were stored closer than five (5) feet from the oxygen cylinders in the Oxygen Storage Room. 2) The Oxygen Storage Room contained thirty-three (33) E size oxygen cylinders but did not have self closing and latching fire rated doors and had electrical wall fixtures installed less than five (5) feet above the floor. This number of cylinders exceeds 300 cu. ft. and requires additional protection to the storage room. This deficiency affected one (1) of two (2) smoke compartments in the facility. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999	K 076	1. K 076 Combustible materials will be moved to an area that is more than five feet from stored oxygen cylinders. A self-closing and latching device will be attached to the door to the oxygen storage room. Electrical fixtures will be moved to a level of five feet or higher. 2. This is the only room where oxygen is stored in the facility. Therefore, no other area can be affected. 3. The monthly inspection checklist will be changed to include monitoring of combustibles in the oxygen storage room. When combustibles are discovered, the maintenance personnel will note it on the checklist and take precautions to secure the area. 4. Maintenance will complete their monthly inspection and report their results to the QA Committee on a monthly basis, for the first three months. They will continue to monitor this and report quarterly to the QA Committee for the remainder of a year.	11/03/14	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 076	Continued From page 5	K 076	1.		
K 144 SS=F	NFPA 99 Section 16-3.8.1, 8-3.1.11.2(c)2, 8-3.1.11.2(f), 4-3.1.1.2(a)11c, 4-3.1.1.2.(a)11d 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 emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. 1) All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the generator room.	K 144	K 144 A remote manual stop station will be attached to the emergency generator. The specific gravity of the emergency generator battery will be tested at seven day intervals. 2. There are no other portions of the facility that are affected, as this is the only emergency generator. 3. The monthly inspection checklist will be changed to include monitoring of specific gravity tests on the batteries of the generator. 4. Maintenance will complete their monthly inspection and report their results to the QA Committee on a monthly basis, for the first three months. They will continue to monitor this and report quarterly to the QA Committee for the remainder of a year.		
				10/20/14	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/22/2014
NAME OF PROVIDER OR SUPPLIER NELSON COUNTY HEALTH SYSTEM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 144	Continued From page 6 2) Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals as required. Failure to inspect and maintain the emergency generators 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 144			