STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 two-story building of Type II (000) construction. The building had no basement. The building was protected by a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more	K 211	1. The four items identified will be modified or removed to comply with the life safety code to be no more than 4 inches from the wall. Halls can currently be accessed for safe evacuation of residents in the event of an emergency. 2. The facility maintenance director will audit hallways validate that there are no other areas as identified by the inspection	8/23/18

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

Electronically Signed | 07/24/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 211	Continued From page 1 than 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 Observation determined: 1) A water fountain that was located in the corridor by the Dining Room in the East Wing on the 2nd floor extended approximately nineteen (19) inches from the corridor wall and protruded into the exit corridor. 2) A fixed heater that was located in the corridor by the Dining Room in the East Wing on the 2nd floor extended approximately ten (10) inches from the corridor wall and protruded into the exit corridor. 3) A fixed heater that was located in the corridor by the Kitchen in the East Wing on the 2nd floor extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. 4) A fixed heater that was located in the corridor by the Housekeeping Closet in the East Wing on the 2nd floor extended approximately eight (8) inches from the corridor wall and protruded into the exit corridor. 5) A fixed heater that was located in the corridor by Room 235 in the South Wing on the 2nd floor extended approximately ten (10) inches from the corridor wall and protruded into the exit corridor. The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of six	K 211	that do not meet the code. 3. These units are original with the structure of the facility. The facility will ensure future updates or equipment installed in the corridors will comply with life safety code rule in chapter 7. 4. The facility will have the units modified or removed to comply with the current regulation to not extend into the exit corridor more than four inches. Audits will be completed prior to the installation of new updates or equipment in the corridors to validate these requirements are met. 5. Date of compliance is August 23, 2018.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 211	Continued From page 2 (6) smoke compartments in the facility.	K 211		
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) Review of fire alarm system test records indicated the annual test of the fire alarm system was not performed as required. The most current fire alarm system annual test was conducted on 06/25/2018 and the previous test was conducted on 03/28/2017, exceeding the required annual testing requirement. 2) Review of fire alarm system test records	K 345	1. Fire alarm testing has been added to TELS, the facility'□s maintenance tracking tool as a reminder before the annual date to ensure annual fire inspection testing is completed timely. 2. Facility will use current annual testing date of 6/25/2018 as a guideline to have testing done for next year on or before 6/25/2019. 3. Facility audit validated that fire alarm testing was past due. Arrangements were made with AVI, contractor for fire equipment testing to complete testing. Testing was completed on 7/19/18 and included a complete validation of heat detectors in the facility. Education was provided to the maintenance director and the contracted company of the need to complete testing annually and that the next annual test must be completed no later than 06/25/19. Facility updated	8/23/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 345	Continued From page 3 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. 3) Review of fire alarm system test records and observation indicated that not all the initiating devices were tested. The fire alarm system annual test conducted on 06/25/2018 by an outside company indicated there were twenty-five (25) heat detectors in the facility and twenty-five (25) heat detectors were tested. A fire alarm system monthly test conducted on 06/25/2018 by a 2nd outside company indicated there were forty-three (43) heat detectors in the facility and five (5) heat detectors were tested. During a tour of the facility on 07/09/2018 thirty-three (33) heat detectors were observed indicating there was an inconsistency in the number of heat detectors in the facility and that not all the heat detectors were tested in the past year. 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. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345	documentation of correct count of heat detectors and updated test results and information provided by contracted company as per the NFPA rule. 4. Maintenance Director was provided education and audits will be completed by July 9, 2018. Monthly audits of testing results will be reviewed by ED and maintenance director and updated in TELS as they occur. 5. Date of compliance is 08/23/2018.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar	K 712		8/23/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 712	Continued From page 4 with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. Drills shall be held at expected and unexpected times and under varying conditions to simulate the unusual conditions that can occur in an actual emergency. A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, 4.7.4, 4.7.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at 1:30 pm, 10:06 am, 10:00 am and 11:00 am. 2) The last four (4) fire drills for the PM shift occurred at 4:11 pm, 3:14 pm, 3:40 pm and 7:00 pm.	K 712	1. Fire drills will occur based on varied conditions. A fire alarm drill grid has been created to make sure fire drill times are more than 60 minutes apart. 2. Education was provided to the facility maintenance director regarding timing of fire drills on July 9, 2018. 3. The facility will follow the new grid to record dates and times for fire drills to meet requirements. Facility maintenance director will turn in fire drill sheets to Executive Director to ensure monitoring that each drill was 60 minutes apart and will monitor each month on an ongoing basis. 4. Maintenance Director was provided education and audit tools will be completed by July 9, 2018 and audits will be completed monthly on an ongoing basis. 5. Date of compliance is August 23, 2018.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/09/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**600 S MAIN ST** **MINOT, ND 58701**

(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 712	Continued From page 5 Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Six (6) fire drills in the past year all occurred at times within 60 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected six (6) of twelve (12) drills in the past year.	K 712		