STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355102	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAPOLEON CARE CENTER	**311 E 4TH ST** **NAPOLEON, ND 58561**

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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 V (000) construction. An addition of Type V (111) construction was attached to the south end of the facility in 2014. The building was protected throughout with a wet and dry automatic fire sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the north side of the facility was an assisted living unit. An occupancy separation wall having a two-hour fire resistance rating was constructed between the assisted living unit and the health care occupancy.	K 000		
K 132 SS=F	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously	K 132		10/20/18

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

Electronically Signed | 09/20/2018

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K 132	Continued From page 1 for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the fire resistance rating of occupancy separation walls. Observation determined the pair of cross-corridor doors through the two-hour fire resistant rated occupancy separation wall from the nursing home to the assisted living building failed to self-close and latch. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire. This deficiency affected the entire facility.	K 132	1. In order to meet the requirements of a 2 hour fire rated construction separation, Napoleon Care Center will adjust the latching mechanisms on the cross-corridor doors to ensure they positively latch so they provide the 2 hour separation that is required. Proper latching of fire doors will be monitored monthly. 2. Napoleon Care Center has only one 2 hour fire separation, therefore no other areas of the building are affected. 3. To make sure the fire doors latch properly, the doors will be put on a monitoring schedule. Inspections will be done monthly. 4. Inspections will be put on a QA monitoring schedule to make sure that requirements are met. 5. Completion Date: 10-20-2018	
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7	K 271		10/20/18

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K 271	Continued From page 2 This REQUIREMENT is not met as evidenced by: Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11. 19.2.1 The facility failed to maintain the means of egress as required. Walking surfaces in the means of egress shall comply with the following: 1) Walking surfaces shall be nominally level. 2) The slope of a walking surface in the direction of travel shall not exceed 1 in 20, unless the ramp requirements of 7.2.5 are met. 3) The slope perpendicular to the direction of travel shall not exceed 1 in 48. Every ramp used as a component in a means of egress shall conform to the general requirements of Section 7.1 and to the special requirements of 7.2.5. 7.1.6.3 New ramps shall be in accordance with the following: 1) Minimum width of 44 in. (1120 mm). 2) Maximum slope of 1 in 12. 3) Maximum cross slope of 1 in 48. 4) Maximum rise for a single ramp run of 30 in. (760 mm). 7.2.5.1, 7.2.5.2(1), Table 7.2.5.2(a) Ramp landings shall be as follows: 1) Ramps shall have landings located at the top, at the bottom, and at door leaves opening onto the ramp. 2) The slope of the landing shall be not steeper	K 271	1. In order to meet the code for exit discharge requirements, Napoleon Care Center will hire an engineer to do an onsite visit to assess the correct procedures to meet the proper requirements for the three exit discharges on the east side of our facility. This may entail removal/modification/replacement of the current sidewalk. Landing areas will be installed at the top and the bottom and handrails will be installed if the rise is greater than 6 inches. 2. The deficiency is isolated to 3 of the exits located on the east side of our building. All other exits from are facility are in compliance with the code. 3. Once the sidewalk is fixed properly, there is no chance for the deficiency to reoccur. 4. Monitoring will not be needed once the sidewalk is fixed properly. 5. Completion Date: 10-20-2018	

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K 271	Continued From page 3 than 1 in 48. 3) Every landing shall have a width not less than the width of the ramp. 4) Every landing shall be not less than 60 in. (1525 mm) long in the direction of travel, unless the landing is an approved existing landing. 5) Where the ramp is not part of an accessible route, the ramp landings shall not be required to exceed 48 in. (1220 mm) in the direction of travel, provided that the ramp has a straight run. 6) Any changes in travel direction shall be made only at landings. 7) Ramps and intermediate landings shall continue with no decrease in width along the direction of egress travel. 7.2.5.3.2 Handrails complying with 7.2.2.4 shall be provided along both sides of a ramp run with a rise greater than 6 in. (150 mm). 7.2.5.4.2 Observation determined the concrete sidewalk near the east exterior exit from the C Wing to the public way had a slope of approximately 1 in 10 exceeding the maximum walking surface slope of 1 in 20 and did not met the following requirements for ramps: 1) The sidewalk exceeded the maximum ramp slope of 1 in 12. 2) The sidewalk did not have landings located at the top, at the bottom. 3) The sidewalk run had a rise greater than 6 in. and did not have handrails along both sides. Failure to maintain the means of egress as required increases the risk of death or injury due	K 271		

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K 271	Continued From page 4 to fire. The deficiency affected exit discharge from three (3) of eight (8) exterior exits from the facility.	K 271		
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 determined device test results had a list of initiating devices but did not indicate the results of the testing. 2) Review of fire alarm system test records	K 345	1. In order to meet the requirements of NFPA 72, Napoleon Care Center will make sure that A) Results for all initiating devices tested will be documented on the report from the outside testing company. B) All devices in the building will be tested and documented by the outside testing company. 2. Since there is only one fire alarm in our facility, other areas of the building will not be affected. 3. Prior to exiting our building, the outside company that is testing our fire alarm components will be required to give our Maintenance Supervisor a detailed report to make sure all devices in our facility have been checked and all results of the tests are indicated whether they passed or failed inspection. 4. When our yearly fire alarm test is	10/20/18

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K 345	Continued From page 5 indicated that not all devices were tested. The fire alarm system annual test conducted on 10/12/2017 by an outside company indicated notification devices were not 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	conducted by an outside company they will be required to provide Napoleon Care Center with a detailed report to make sure all devices were checked and indicate if the devices passed or failed inspection. The technician will not be able to leave our building without providing us the report. 5. Completion Date: 10-20-2018	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously	K 353	1. In order to meet the requirements of	10/20/18

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K 353	Continued From page 6 maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Any sprinkler shall be replaced that has signs of leakage; is painted, other than by the sprinkler manufacturer, corroded, damaged, or loaded; or is in the improper orientation. NFPA 25 5.2.1.1.4 Observation determined: 1) One sprinkler in the Waiting Room had paint on it and may not operate at the correct temperature. 2) Two sprinklers in the C Wing Storage Room had paint on them and may not operate at the correct temperature. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 353	NFPA 25, Napoleon Care Center will install new sprinkler heads in the Waiting Room and C Wing Storage Room. 2. A walk through of the entire building will be done to determine that all sprinkler heads in the facility are free of damage or defects so they operate at the correct temperature rating. 3. During our annual sprinkler system inspection, the vendor will do a walk through of our facility to make sure all sprinkler heads are free of damage or defects. Sprinkler heads will be replaced if they are not in proper working order. 4. Monitoring will be done on a yearly basis after our annual inspection of the sprinkler system. Maintenance Supervisor will report the results in monthly QA meeting. 5. Completion Date: 10-20-2018	

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K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire 19.7.2.2 The facility failed to provide a fire safety plan as required. Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required.	K 711	1. In order to meet the requirements of NFPA 101, Napoleon Care Center will revise its' emergency fire plan to include "making the emergency phone call to the fire department." 2. This deficiency is isolated to the emergency fire plan only , therefore, it will not affect any other part of the building. 3. Once the change is made to the emergency fire plan, there is no chance for the deficiency to reoccur. 4. Monitoring will not be needed once the emergency fire plan is updated. 5. Completion Date: 10-20-2018	10/20/18

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K 711	Continued From page 8 Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected the required fire safety plan for the entire facility.	K 711		