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 _____	**08/15/2013**

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

(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 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a).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 and under construction at the time of this survey. The addition was surveyed using Chapter 18 New Health Care Occupancies. The building was protected throughout with a wet and dry automatic fire sprinkler system designed in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to 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 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027	1. Napoleon Care Center will have the general contractor install fire barrier doors in the corridor as soon as they arrive onsite. 2. NCC has two other sets of existing fire barrier doors	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Richard Kogen
TITLE: Administrator
(X6) DATE: 9-11-13

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 027	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure doors located in smoke barrier walls were 20-minute fire rated assemblies. One (1) of three (3) smoke barriers did not have 20-minute fire rated doors installed. Observation determined the smoke barrier in the new addition did not have doors installed in the corridor.	K 027	throughout our facility that are functioning properly. 3. Once the new fire barrier doors are in place, the deficiency will not recur. 4. Once new fire barrier doors are in place, they will be permanently attached to our structure so monitoring will not be needed. 5. Completion date: 9-29-2013	
K 029 SS=D	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 protect door openings to hazardous areas with self-closing doors. Observation determined the door to the Mechanical Room in the new addition was not equipped with a self-closing device.	K 029	1. Napoleon Care Center will install a self closing device on the mechanical room door. 2. Napoleon Care Center and contractor will survey other hazardous areas in our new addition to make sure that self closing devices are installed on all hazardous areas. 3. Upon inspection, all self closing devices will be installed and deficiency will not recur. 4. Once self closing device is installed, the device will be permanently attached to the door so monitoring will not be needed. 5. Completion date: 8-30-2013.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		

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K 038	Continued From page 2 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. Observation determined four (4) of four (4) exits from the new addition traveled across uneven dirt surfaces to the public way.	K 038	1. Napoleon Care Center will pour concrete at the 4 exits of the new addition that are attached to the public way. 2. Napoleon Care Center and contractor will inspect other areas of new addition to determine if additional concrete surfaces need to be poured leading to the public way. 3. Once concrete is poured, deficiency will not recur. 4. Once the concrete is poured, this will permanently fix the deficiency so monitoring will not be needed. 5. Completion date: 9-15-2013.	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	1. Napoleon Care Center will remove plastic caps, tape and	

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K 056	Continued From page 3 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1- Sprinklers throughout the new addition were covered with plastic caps or tape and paper restricting the flow of the sprinkler. 2- The corridor of the new addition was not adequately protected by the automatic sprinkler system. The distance between the soffit and the sprinkler near the " T " in the corridor exceeded 7.5 feet. The sprinkler was approximately 10 feet from the soffit.	K 056	paper on all sprinkler heads so they function properly. An additional sprinkler head will be added in the area between the soffit and the "T" in the corridor for sufficient coverage. 2. Napoleon Care Center and the sprinkler contractor will survey other portions of the facility to ensure that all sprinkler heads are free of obstructions and that there is adequate coverage throughout. 3. Once obstructions are removed from sprinkler heads and the additional head added, all areas in our building will have sufficient sprinkler coverage. 4. Upon inspections and completion date, monitoring will not be needed. 5. Completion date: 8-26-2013.	
K 062 SS=E	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	K 062		

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K 062	Continued From page 4 Systems. Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, it delays the activation of the automatic fire sprinkler system. Observation determined suspended ceiling tiles were missing in rooms and the corridor throughout the new addition.	K 062	1. Napoleon Care Center will ensure that all ceiling tiles will be installed throughout the new addition so in the event of a fire, all sprinkler heads will function properly. 2. Napoleon Care Center and the contractor will observe all areas of the facility to ensure all ceiling tiles are in place. 3. In the event a ceiling tile is removed due to construction, NCC Environmental Staff will do a walk through to make sure all ceiling tiles are in place after work is completed. 4. After the completion of the new addition, ceiling tiles will only need to be removed if additional work is required above the ceiling grid. NCC Environmental staff and each individual contractor will monitor misplaced ceiling tiles in the event work is performed. Tile will be put into place when work is finished. 5. Completion Date: 9-29-2013.	