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 _____	**08/15/2016**

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 in 2014. The addition was surveyed using Chapter 18. 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 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 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection	K 054	1. In order to meet the requirements of NFPA 72, Napoleon Care Center will move the 6 smoke detectors that are not in compliance to a distance of more than 3 feet from ceiling fans, air supply diffusers, or return air openings.	9/29/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/24/2016

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 _____	**08/15/2016**

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 054	Continued From page 1 system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined that smoke detectors located throughout the facility were installed within three feet of ceiling fans, air supply diffusers or return air openings. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected six (6) of fifty four (54) smoke detectors in the facility.	K 054	2. Napoleon Care Center is not planning to add any smoke detectors to the facility at this time so all areas of the building will be in compliance once the 6 smoke detectors are relocated. 3. In the event new smoke detectors are added to our building, Napoleon Care Center will ensure that all new smoke detectors will be more than 3 feet from any ceiling fan, air supply diffusers or return air openings. 4. Monitoring will not be required once the 6 smoke detectors are moved to the proper locations. 5. Completion Date: 9-29-2016	
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Existing life safety features obvious to the public, if not required by the Code, must be either maintained or removed. Equipment requiring periodic testing or operation to ensure its maintenance shall be tested or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction. 4.6.12.2, 4.6.12.3 The facility failed to ensure eight (8) single-station smoke alarms located in the 2014 Addition Resident Rooms were tested weekly in accordance with the manufacturer's guidelines. Written documentation must be maintained. Failure to test the single-station smoke alarms weekly in accordance with guidelines from the manufacturer increases the risk of death or injury due to fire.	K 130	1. Napoleon Care Center will remove the 8 smoke alarms located in the resident rooms of the 2014 addition. 2. The 8 smoke alarms are isolated to the resident rooms of the 2014 addition so no other areas of our building are affected by this. 3. Once the smoke alarms are removed, there is no chance for the deficiency to recur. 4. Monitoring will not be needed due to the removal of the 8 smoke alarms. 5. Completion date: 9-29-2016	9/29/16

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 _____	**08/15/2016**

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NAPOLEON CARE CENTER	**311 E 4TH ST** **NAPOLEON, ND 58561**

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K 130	Continued From page 2 This deficiency affected eight (8) of eight (8) single-station smoke alarms in the facility.	K 130		