STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355076	A. BUILDING **02 - NORTHWOOD DEACONESS HEALTH CNT** B. WING _____	**04/04/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOOD DEACONESS HEALTH CNT	**4 N PARK ST** **NORTHWOOD, ND 58267**

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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 combined Hospital and Long Term Care building of Type III (200) construction that was separated from the two-story rehabilitation/apartment building (east side), one-story clinic building (north side) and one-story assisted living facility (west side) with 2 hour fire resistance rated occupancy separations. The survey included the Long Term Care, Hospital (CAH), and the Chapel. The building was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 211 SS=D	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 maintain the exit corridors to be free of obstructions.	K 211	The laundry doors identified will be switched so they will open into the	5/19/18

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

Electronically Signed | 04/17/2018

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K 211	Continued From page 1 1) During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.3.1 Observation determined the north double set of corridor doors to the Laundry Room opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 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 two (2) of numerous corridor doors in the means of egress throughout the facility. 2) 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 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 a fixed heater located in the corridor by the north exit door in the Link Corridor extended approximately six (6) inches from the corridor wall and protruded into the exit corridor.	K 211	laundry rather than into the corridor. The heaters in the link be replaced with heating units that accommodate the required width of the corridor. The manager of facility services or designee will walk through the facility for the purpose of reviewing any other restrictions to the hallway from doors, heaters, and other building construction. Any other identified areas will be corrected. Any construction or changes to the existing facility will be reviewed prior to implementation to ensure that the minimum corridor width requirements are compliant with the regulation. It is also on our quarterly safety through checklists. See attached. Construction projects are a monthly item on the Safety Committee agenda. Any projects as pending or upcoming will be discussed to understand potential changes to ensure they do not restrict or impede existing hallways and corridors.	

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K 211	Continued From page 2 Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. This deficiency affected egress from one (1) of six (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. Review of fire alarm system test records indicated the annual test of the fire alarm system was not performed as required. The most current	K 345	The fire alarm system was last tested 10/2/2017 exceeding one year from the previous correction. There is no corrective action available for this deficient practice. Additionally, there are no other fire alarm systems within the facility that are affected by this deficient practice. The facility has adopted a policy to address fire alarm testing. See attached policy for specific procedures including timelines for initiating communication. This policy will also cover other required annual inspection by 3rd party vendors. To ensure this doesn□t happen again, all required inspections will added to the	5/19/18

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K 345	Continued From page 3 fire alarm system annual test was conducted on 10/02/2017 and the previous test was conducted on 08/31/2016, exceeding the required annual testing requirement. Failure to 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	Safety Committee agenda as our routine monitoring of this. Once items are within 90 days of required inspection, they will be an active review item on the safety committee.	
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined the smoke detector in the East Unit Housekeeping Room was installed within 36 in. of an air supply diffuser.	K 347	The smoke detector in the east unit housekeeping room has been replaced by a heat detector. The manager of facility services or designee will walk through the facility for the purpose of reviewing all other smoke detectors to see if any are within 36 inches. Any other detectors within 36 inches of an air supply diffuser will be moved to meet compliance. Any additions or relocations of smoke detectors will be reviewed to ensure they are not within 36 inches of an air supply diffuser.	5/19/18

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K 347	Continued From page 4 Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	Monitoring of this will be a standing review item on the safety committee under construction projects.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard	K 351	Sprinkler heads in the kitchen were in close proximity to a heater were not the proper type, either high temperature zone or intermediate temperature zone. They will be replaced with the proper zone heads either high or intermediate	5/19/18

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K 351	Continued From page 5 for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. 1) Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined two (2) sprinklers in the Kitchen installed within 7 ft. of unit heaters were not high-temperature-rated. 2) A building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas except where specific sections of NFPA 13 permit the omission of sprinklers. Combustible soffits, eaves, overhangs, and decorative frame elements shall not exceed 4 ft 0 in. (1.2 m) in width. NFPA 13 4.1, 8.15.1.2.18.1 Observation determined: a) The attached combustible exterior pergola by the Activity Room over 4 feet in width was not protected by the automatic sprinkler system. b) The attached combustible exterior awning by the South Dining Room over 4 feet in width was not protected by the automatic sprinkler system.	K 351	temperature. The pergola attached the building next to the activity room will be removed. The awning on the south side of the building off the south dining room will have a sprinkler installed. The awning outside the patio off the north dining room will be removed. The manager of facility services or designee will walk through the facility for the purpose of reviewing any other unit heaters to ensure that any sprinkler heads in proximity to heaters meet the required temperature zone requirements. The manager of facility services or designee will walk around the exterior of the building for the purpose of reviewing any other items that are attached to the building and take appropriate mitigating actions appropriate for the situation. If it can be sprinkled, it will be sprinkled. If not, they will be removed. Any additions of heating units will require that changing of sprinklers to the appropriate temperature zone based on the licensing standard. Any additional sprinklers added to the facility will be reviewed prior to installation to ensure that they meet the temperature zone requirements. Any additions to the exterior of the building will be required to be reviewed by the safety committee under the standing	

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K 351	Continued From page 6 Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected three (3) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	item, construction projects. The safety committee does routine monthly safety audits throughout the facility. For the exterior audit, awnings and building attachments will be added as a compliance check to ensure there are none. Monitoring of this will be a standing review item on the safety committee under construction projects.	
K 353 SS=F	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 maintained in reliable operating condition and are inspected and tested periodically. The property	K 353	Corrective actions: 1. There were two open grates in place of ceiling tile in the nursing home	5/19/18

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K 353	Continued From page 7 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. Record review determined: 1) There were two (2) 2' x 2' open grates installed in place of ceiling tile in the Nursing Home Business Office that could delay the activation of the sprinkler system. 2) There were three (3) 2' x 2' open grates installed in place of ceiling tile in the Mezzanine Area that could delay the activation of the sprinkler system. 3) There were two (2) 2' x 4' open grates installed in place of ceiling tile in the corridor by the Vault Storage Room that could delay the activation of the sprinkler system. 4) There were two (2) 2' x 2' open grates installed in place of ceiling tile in the Kitchen that could delay the activation of the sprinkler system. 5) There was a 1' x 1' hole in a ceiling tile in the Activity Room that could delay the activation of the sprinkler system.	K 353	business office that will be replaced with ceiling tiles. 2. There were 3 open grates in place of ceiling tiles in the mezzanine that will be replaced with ceiling tiles. 3. There were two open grates in place of ceiling tile in the corridor by the vault storage room. We will install fire smoke dampers with fuseable links in place of the open grates. 4. There were two open grates in place of ceiling tiles in the kitchen. We will install fire smoke dampers with fuseable links in place of the open grates. 5. There was a hole in the ceiling tile in the activity room because the diffuser had not been replaced after a roof leak. The diffuser has been put back in place. 6. There were missing ceiling tiles in the data closet in the south dining room that will be installed. 7. The sprinkler that had leaked and had no fluid in it will be replaced. The manager of facility services or designee will walk through the interior of the building for the following purpose: Identify missing, out of place, or deficient ceiling tiles and replace as needed. Identify any sprinkler heads that have lost their fluid or appear damaged corroded, or otherwise non functioning or compliant with requirements. Any identified heads will be repaired or replaced. The safety committee members routinely are assigned inspection checklists. Ceiling tiles and sprinkler heads are on	

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K 353	Continued From page 8 6) There were four (4) missing ceiling tiles in the Data Closet in the South Dining Room that could delay the activation of the sprinkler system. 7) Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation. NFPA 25, 5.2.1.1.1 Observation determined the sprinkler above the triple sink in the Kitchen had lost the fluid from the glass bulb. 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 six (6) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 353	these checklists. See sample attached. Any member of the safety committee that identifies these or items are required to complete a repair requisition to the Environmental Services Department. The checklists are then reviewed at monthly safety committee members to ascertain that needed repairs have been made or are scheduled to be completed.	