| 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 _____ | **02/21/2017** |

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

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>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.<br><br>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 321 SS=D | NFPA 101 Hazardous Areas - Enclosure<br><br>Hazardous Areas - Enclosure<br>2012 EXISTING<br>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches | K 321 | | 2/23/17 |

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

Electronically Signed | 02/23/2017

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| K 321 | Continued From page 1<br>from the bottom of the door.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1<br><br>Area Automatic Sprinkler Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms (exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces (over 50 square feet)<br>g. Laboratories (if classified as Severe Hazard - see K322)<br>This STANDARD is not met as evidenced by:<br>Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1.3.<br><br>The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions.<br><br>Observation determined the door to the Kitchen Combustible Storage Room lacked self-closing hardware.<br><br>Failure to ensure hazardous areas are separated from other spaces by smoke-resisting partitions | K 321 | For this hazardous area, a door closer was installed on February 23, 2017. After reviewing the requirements, a walk through of the facility was done by the Manager of Environmental Services to identify all other hazardous areas. He determined that all of them had self closing devices that operated properly.<br><br>The maintenance department of Environmental Services was educated on the requirements of door closers on hazardous areas. Our safety committee members do quarterly walk throughs in the facility. This requirement will be added to the checklist. | |

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| K 321 | Continued From page 2<br>increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of numerous hazardous areas in the facility. | K 321 | | |
| K 353 SS=D | NFPA 101 Sprinkler System - Maintenance and Testing<br><br>Sprinkler System - Maintenance and Testing<br>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.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system. (Heat from a fire stratifies to the suspended ceiling and travels along the suspended ceiling to activate the sprinkler. When suspended ceiling tiles are missing or damaged, it delays the activation of the automatic fire sprinkler system). 19.3.5.1, 9.7.1.1(1).<br><br>Observation determined two (2) suspended | K 353 | The ceiling tile identified on the survey was put back in place on February 22, 2017. After reviewing the requirements, a walk through of the facility was done by the Manager of Environmental Services to ensure all ceiling tiles were in place.<br><br>The Manager of Environmental Services reviewed with the departmental managers the survey results and the related deficiencies. He shared the items cited | 2/22/17 |

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| K 353 | Continued From page 3<br>ceiling tiles were missing in the West Custodian Room.<br><br>Failure to ensure the proper position of suspended ceiling tiles in areas protected by the automatic fire sprinkler system increases the risk of injury and death by fire.<br><br>This deficiency affected one (1) of six (6) smoke compartments. | K 353 | and how we had not met the requirements of the survey. He also conducted a staff meeting and shared the same information with his Environmental Services staff.<br><br>Our safety committee members do quarterly walk throughs in the facility. This requirement will be added to the checklist. | |
| K 920 SS=D | NFPA 101 Electrical Equipment - Power Cords and Extens<br><br>Electrical Equipment - Power Cords and Extension Cords<br>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.<br>Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.<br>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5<br>This STANDARD is not met as evidenced by: | K 920 | | 3/1/17 |

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| K 920 | Continued From page 4<br>Flexible cords and cables shall not be used for the following:<br><br>(1) As a substitute for the fixed wiring of a structure.<br><br>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors.<br><br>(3) Where run through doorways, windows, or similar openings.<br><br>(4) Where attached to building surfaces.<br><br>NFPA 70, National Electrical Code, 2010 Edition Section 400-8.<br><br>Observation determined the facility failed to ensure flexible cords were not used as a substitute for fixed wiring of a structure. The power cord for the sump pump located in the Mechanical /Boiler Room was observed to be plugged into an electrical extension cord.<br><br>Failure to ensure the electrical wiring complies with NFPA 70 for all portions of the building increases the risk of injury and death due to fire.<br><br>The deficiency affected one (1) of six (6) smoke compartments. | K 920 | The extension cord identified in the survey was removed. An electrical outlet will be installed by March 1, 2017. After reviewing the requirement, a walk through of the facility was done by the Manager of Environmental Services to search for any extension cords used inappropriately and not meeting this requirement.<br><br>The Manager of Environmental Services reviewed with the departmental managers the survey results and the related deficiencies. He shared the items cited and how we had not met the requirements of the survey. He also conducted a staff meeting and shared the same information with his Environmental Services staff.<br><br>Our safety committee members do quarterly walk throughs in the facility. This requirement will be added to the checklist. | |