STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355122	A. BUILDING **02** B. WING _____	**10/19/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHARDTON HEALTH CENTER INC	**8885 HIGHWAY 10** **RICHARDTON, ND 58652**

(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
E 000	Initial Comments A recertification survey conducted on October 19, 2021 found Richardton Health Center INC in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.	E 000		
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 (111) construction with no basement. The building was protected with wet and dry automatic fire sprinkler systems designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced	K 712		11/30/21

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

Electronically Signed | 10/26/2021

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 712	Continued From page 1 by: The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills were conducted on the Second Shift during the fourth quarters in 2020. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	Plan of Correction: How the corrective action will be accomplished: 1. The Environmental Services Director or his designee completed the necessary fire drill(s) in the following months at the correct times to meet the regulation. The fire drills occurred on January 29, 2021; February 24, 2021; and on March 31, 2021. 2. The Environmental Services Director or his designee will inspect and ensure Fire drills are completed and according to regulation. 3, 4, and 5. The Environmental Services Director or his designee will be responsible to start a QA monitor which will monitor to ensure the Fire Drill Policy is followed per current regulation. The QA monitor will be completed weekly until 100% compliance is achieved and then monthly until 100% compliance is achieved. Once the QA monitor has been in compliance on a monthly basis the QA monitor will then go to Quarterly. An all-staff in-service will be completed on or before November 30, 2021, to inform and educate on this deficient practice and the plan to address. The in-service will be documented.	