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 _____	**10/07/2019**

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 004 SS=F	Develop EP Plan, Review and Update Annually CFR(s): 483.73(a) The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2	E 004		11/20/19

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

Electronically Signed | 10/15/2019

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 _____	**10/07/2019**

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 004	Continued From page 1 years. This REQUIREMENT is not met as evidenced by: Documentation review and staff interview determined the facility failed to establish and maintain a comprehensive Emergency Preparedness program. The Administrator indicated the facility had not completed an annual review and update of the facility's Emergency Preparedness Plan. Failure to establish and maintain a comprehensive Emergency Preparedness program increases the risk of injury and death. The deficiency affected the entire facility.	E 004	E004 1. The Environmental Services Director or his designee will be responsible to establish and maintain Emergency Plan and ensure the Emergency Plan is reviewed by the required professionals on or before November 20, 2019. 2. The Environmental Services Director or his designee will inspect and ensure the revised established Emergency Plan is accessible to the facility. 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 Emergency Plan is established, maintained and reviewed at least annually. 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 20, 2019 to inform and educate on these deficient practices and the plans to address. The in-service will be documented.	
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	K 000		

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 _____	**10/07/2019**

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
K 000	Continued From page 2 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 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 291	K291 1. The Environmental Services Director or his designee will ensure the emergency lighting is in proper operating condition which would include inspect, test, and maintain on or before November 20, 2019. The Environmental Services Director or his designee will document the date of inspection and will provide remarks on if there is an issue and what the plan of action is. 2. The Environmental Service Director or his designee will inspect and document all emergency lights throughout the facility to ensure compliance with the conditions as required by NFPA 101 on or before November 20, 2019.	11/20/19

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 _____	**10/07/2019**

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
K 291	Continued From page 3 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during the month of January 2019. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	3, 4, and 5. The Environmental Services Director or his designee will be responsible to start a QA which will monitor the inspection of all Emergency Lights throughout the building to ensure compliance with conditions as required by NFPA 101. The QA monitor will be completed weekly until 100% compliance is achieved and then monthly until 100% compliance is achieved. Once the QA□s have 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 20, 2019 to inform and educate on this deficient practice and the plans to address. The in-service will be documented.	
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	K 353		11/20/19

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 _____	**10/07/2019**

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
K 353	Continued From page 4 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 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 8.2, 8.2.1, 8.2.2, 8.3, 8.3.1, 8.3.2, 13.2.7.1, 13.3.2.1.1 Fire pump testing shall be conducted as follows: Diesel engine-driven fire pumps shall be operated weekly. Electric motor-driven fire pumps shall be operated monthly. A test of fire pump assemblies shall be conducted without flowing water. The test shall be conducted by starting the pump automatically. The electric pump shall run a minimum of 10 minutes. The diesel pump shall run a minimum of 30 minutes. A valve installed to open as a safety feature shall be permitted to discharge water. An automatic timer shall be permitted to be substituted for the starting procedure. Qualified operating personnel shall be in attendance whenever the pump is in operation. The pertinent visual observations or adjustments specified in the following checklists shall be conducted while the pump is running: (1) Pump system procedure as follows: (a) Record the system suction and discharge	K 353	K353 1. The Environmental Services Director or his designee will inspect gauges, control valves, electric motor-driven fire pump, and automatic sprinklers to ensure compliance with conditions as required by NFPA 25 on or before November 20, 2019. The Maintenance Director or his designee will document the date of system sprinkler checked, who provided system check, water supply source, and will provide remarks information on coverage for any non-required or partial automatic sprinkler system. 2. The Environmental Services Director or his designee will inspect and document all gauges, control valves, electric motor-driven fire pump, and automatic sprinklers throughout the building to ensure compliance with the conditions as required by NFPA 25 on or before November 20, 2019. 3, 4, and 5. The Environmental Services Director or his designee will be responsible to start a QA which will monitor the inspection of all gauges, control valves, electric motor-driven fire pump, and automatic sprinklers throughout the building to ensure compliance with conditions as required by NFPA 25. The QA monitor will be	

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 _____	**10/07/2019**

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
K 353	Continued From page 5 pressure gauge readings. (b) Check the pump packing glands for slight discharge. (c) Adjust gland nuts if necessary. (d) Check for unusual noise or vibration. (e) Check packing boxes, bearings, or pump casing for overheating. (f) Record the pump starting pressure. (2) Electrical system procedure as follows: (a) Observe the time for motor to accelerate to full speed. (b) Record the time controller is on first step (for reduced voltage or reduced current starting). (c) Record the time pump runs after starting (for automatic stop controllers). (3) Diesel engine system procedure as follows: (a) Observe the time for engine to crank. (b) Observe the time for engine to reach running speed. (c) Observe the engine oil pressure gauge, speed indicator, water, and oil temperature indicators periodically while engine is running. (d) Record any abnormalities. (e) Check the heat exchanger for cooling waterflow. (4) Steam system procedure as follows: (a) Record the steam pressure gauge reading. (b) Observe the time for turbine to reach running speed. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined:	K 353	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 then the QA monitor will then go to Quarterly. An all staff in-service will be completed on or before November 20, 2019 to inform and educate on these deficient practices and the plans to address. The in-service will be documented.	

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 _____	**10/07/2019**

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
K 353	Continued From page 6 1) The gauges of the automatic sprinkler system had not been inspected during the month of January 2019. 2) The control valves of the automatic sprinkler system had not been inspected monthly. 3) Monthly testing of the electric motor-driven fire pump was not completed during the month of January 2019.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. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		