STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355122	A. BUILDING 01 - RICHARDTON HEALTH CE B. WING	01/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHARDTON HEALTH CENTER INC	212 3RD AVENUE WEST 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	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility was located in a one-story building with a full basement of Type II (111) construction. The original building was constructed in 1951 with an addition built to the east in 1969. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems by August 13, 2013.	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to provide a construction type of at least Type II (111) non-combustible construction throughout the facility as required for one-story health care occupancies without an automatic sprinkler system. Observation determined: 1) Air registers located in a fire-rated suspended ceiling assembly are required to be equipped with	K 012	1) The Architect and Contractor have been contacted and we requested that they fix the areas that are not in compliance with the building standards code. All registers will be checked. The Division of Life Safety and Construction/Department of Health will be involved in the plans for the next construction project. The registers will be added to the list of inspections completed every four years. The architect and contractor have been informed that the deficiency tag must be completed by 2-18-11.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lynn Blakeman | TITLE: Administrator | (X6) DATE: 1-21-11

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 012	Continued From page 1 fire dampers. The suspended ceilings in the lower level corridor and the Cardiac Rehab Room are part of a one-hour fire rated floor/ceiling assembly. The air registers in the lower level corridor and the Cardiac Rehab Room were not equipped with fire dampers. 2) The exposed unprotected bar joist and I beam that are part of the floor/ceiling assembly in the Storage Room by the west stair enclosure do not meet the requirements for a one-hour fire rated assembly. 3) The PVC penetrations through the one-hour floor/ceiling assembly of the Clean Linen/Laundry Room were not equipped with intumescent collars.	K 012	2) Contractors have been contacted to bid on the spraying or sheet rocking the designated area. Current plans are under way to move the combustibles and use the area for non-combustibles. Review of the one other applicable area has been reviewed. Maintenance Manager will monitor the area. 3) Contractor has been contacted to fix the penetration. Penetration areas will be observed by the maintenance manager. The Clean Linen/Laundry area will be added to the list of inspections by the Maintenance Manager. The contractor has been informed that the deficiency must be completed by 2-18-11.	02/18/11
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017	The contractor will seal penetrations and duct. All construction areas will be inspected. The Division of Life Safety and Construction/Department of Health will be involved in the plans for the next construction project. The cited area will become a part of ongoing inspections and monitored by the Maintenance Manager.	02/18/11

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K 017	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure corridors were separated from use areas by walls constructed with at least a ½-hour fire resistance rating. Observation determined the corridor walls of the lower and upper levels were not maintained with a ½-hour fire resistance rating. Several electrical conduit, PVC pipe, and air duct penetrations were not sealed to meet a UL fire rated assembly in the corridor walls on the lower and upper levels. These conditions were observed in the Kitchen Storage Room, Beauty Shop, Tub Room, Dining Room, and Resident Rooms 16 and 18.	K 017		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure the walls that enclose one (1) of five (5) hazardous areas were at least one-hour fire rated. Observation determined a low-voltage conduit penetration in the west wall of the east Boiler	K 029	The conduit penetration has been sealed with fire rated material. Observations will be made of all areas. The area will be added to the list of inspections done regularly by the Maintenance Manager.	01/15/11

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K 029	Continued From page 3 Room was not sealed with fire rated material.	K 029		
K 034 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4 This STANDARD is not met as evidenced by: There can be no enclosed, usable space within an exit enclosure, including under stairs, or any open space within the enclosure used for any purpose that has the potential to interfere with egress. Exception: Enclosed, usable space can be permitted under stairs, provided that the space is separated from the stair enclosure by the same fire resistance as the exit enclosure. Entrance to such enclosed usable space cannot be from within the stair enclosure. The facility failed to ensure the exit stairs were free of combustible materials that would potentially interfere with egress from the upper and lower levels of the facility. The undersides of the east and west exit stairs were not protected with fire rated material. The space under the east stair was used to house the elevator hydraulic reservoir tank and the space under the west stair was used to store combustible material (paper and wood products).	K 034	A contractor has been contacted and a bid to spray fire coating has been requested on 1-6-11. Facility has been checked for other areas that could be affected. Continued monitoring will become part of inspections done regularly by Maintenance Manager.	02/18/11
K 066 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or	K 066	The No Smoking policy was located.	01/06/11

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K 066	Continued From page 4 compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: The facility failed to provide the residents, staff, and the general public with a written smoking policy. Review of policies indicated that a written policy was not developed to inform residents, staff, and the general public as to where smoking is allowed and the locations of the exterior designated smoking areas.	K 066	A review of all comments stated and a comparison to our current policy will be done.	02/18/11
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 5 This STANDARD is not met as evidenced by: Records review indicated the facility failed to maintain fire dampers in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Fire damper testing must be performed at least every four (4) years and records of the testing be available for review. The initial testing by the mechanical contractor and the fire alarm company for newly installed dampers were not available for review during the Life Safety Code survey.	K 130	The two contractors that installed fire dampers will be contacted for the results of the fire damper testing reports. There is a process in place to check dampers every four years and the records will be available for review. Testing will be done by the Maintenance Manager.	02/18/11
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not being documented.	K 144	Emergency generator will be inspected on a weekly basis. There is no other potential equipment that this applies to. The weekly inspection form has been revised to include this inspection. Maintenance Manager will complete inspections based on the weekly requirement.	01/07/11
K 161 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All existing escalators, dumbwaiters, and moving walks conform to the requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.2.2	K 161		

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K 161	Continued From page 6 This STANDARD is not met as evidenced by: Observation determined the facility has not ensured that elevators meet the above Elevator Safety Code requirements. A pictorial sign was not provided near the lower level and the upper level elevator controls that indicate the stairs and not the elevator should be used in times of emergency.	K 161	The required signs have been installed. There is one elevator so there is no potential for other areas to be affected. Likewise there will not be any further elevator changes so the practice will not recur.	01/10/11