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	01/17/2012

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 findings that follow demonstrate noncompliance with the standards. 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 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 maintain the emergency power supply system (EPSS) with all required components and provide a remote system alarm	K 144	The annunciator panel will be moved from the boiler room to the Nurses Station.	

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

Lynn Blakeman | Administrator | 2-6-12

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 144	Continued From page 1 at a work site that is readily observable by personnel. Observation revealed the facility's emergency power supply (EPS) consisted of a generator located outdoors and a transfer switch located in the Boiler Room on the east side of the building. The Boiler Room was not continuously occupied and there was no annunciator panel installed at a location that was readily observed by staff. NFPA 110, Standard for Emergency and Standby Power Systems.	K 144	There are no other areas that have the potential to be similarly affected. The annunciator change does not have reoccurrence options. We hereby request an extension to have the change completed by July 1, 2012. The reason for the extension is to have adequate time to examine the plans to see if the annunciator was installed correctly by the electrician. If so, we will need to contact the architect/engineer to request they make the change as dictated by the regulation. If we are required to obtain the electrician we will need adequate time to secure the service as it is very difficult to obtain services in western North Dakota.	