PRINTED: 11/26/2014
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 CENTER B. WING	11/24/2014

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 (000) construction. The original building was constructed in 1951 with an addition built to the east in 1969. The facility had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Second Shift fire drill during the third quarter of 2014. Failure to conduct fire drills as required increases	K 050	1 The Second Shift Third Quarter drill was not completed timely. A Second Shift fire drill was completed on 12/10/14. 2 Through the Quality Assurance Program the Maintenance Supervisor will review, revise and utilize the existing fire safety QA schedule to monitor compliance in addressing this deficiency and conduct on-going monitoring and reporting to ensure that this facility remains compliant. Maintenance Supervisor will review all fire drill practices to determine the facility is in compliance with this regulation. 3 During QA the fire drill logs will be reviewed to determine that drills are conducted at least one per quarter per shift and within the guidelines of the Safety Code. 4 The Administrator will review the fire drill logs monthly and/or at QA meetings to determine that all drills are done in a timely manner. 5 Corrective actions are currently in place and will be on-going from 12/10/14.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X8) DATE

S Neel — Administrator — 12-9-14

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.

emailed 12-10-14

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K 050	Continued From page 1 the risk of death or injury due to fire. The deficiency affected one (1) of eight (8) drills in the past year.	K 050		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Ordinary-temperature-rated sprinklers shall be used throughout buildings. NFPA 13, Section 5-3.1.5 The facility failed to provide ordinary-temperature-rated sprinklers throughout the facility. Observation determined an intermediate-temperature-rated sprinkler was	K 056	1 The facility has contacted the company that installed the sprinkler system and requested an ordinary-temperature-rated head be installed. 2 Maintenance Supervisor will look at all sprinkler heads in the facility to determine that they are the correct ones. 3 Any new sprinkler heads that are installed will be examined by the Maintenance Supervisor to determine they are the correct type for the area they are protecting. 4 The Maintenance Manager will follow up with the company installing the correct head to ensure the replacement head is the one required and will review any and all new heads being installed and report the completion to QA committee.	01/08/15

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K 056	Continued From page 2 located in the walk-in cooler in the Kitchen. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056		