

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

PRINTED: 11/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355122	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RICHARDTON HEALTH CE B. DIVISION OF LIFE SAFETY AND CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/27/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

RICHARDTON HEALTH CENTER INC

STREET ADDRESS, CITY, STATE, ZIP CODE

**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 056 SS=E	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.	K 056	The proper temperature sprinkler heads will be installed by the contractor who installed the system, by Jan.10,2013;in the rooms sited. There are no other areas that have the potenial to be similarly affected. This was a installation error of the new system therefore it ishould not reoccur.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

12-4-12

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.

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

PRINTED: 11/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355122	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RICHARDTON HEALTH CE B. WING _____		(X3) DATE SURVEY COMPLETED 11/27/2012
NAME OF PROVIDER OR SUPPLIER RICHARDTON HEALTH CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 056	Continued From page 1 Ordinary-temperature-rated sprinklers shall be used throughout buildings. NFPA 13 Section 5-3.1.4.1 Exception No. 1: Where maximum ceiling temperatures exceed 100°F (38°C), sprinklers with temperature ratings in accordance with the maximum ceiling temperatures of Table 3-2.5.1 shall be used. Exception No. 2: Intermediate- and high-temperature sprinklers shall be permitted to be used throughout ordinary and extra hazard occupancies. The facility failed to ensure that ordinary-temperature-rated sprinklers were used throughout the building or provide adequate documentation where high-temperature sprinklers were installed met Exception No. 1 or 2. Observation determined ordinary-temperature-rated sprinklers were not installed in the following locations: 1) Storage Room B (noncombustibles only allowed in this room because it is located below an exit stairway) 2) Maintenance Shop 3) West Air Handler Room 4) Laundry Room	K 056			