

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

PRINTED: 03/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355122</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - RICHARDTON HEALTH CENTER</b><br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHARDTON HEALTH CENTER INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8885 HIGHWAY 10<br/>RICHARDTON, ND 58652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                       |  | (X5)<br>COMPLETION<br>DATE                             |
| K 000                                                                   | INITIAL COMMENTS<br><br>This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards.<br><br>The facility was located in a one-story building of Type V (000) 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<br>SS=F                                                           | NFPA 101 Emergency Lighting<br><br>Emergency Lighting<br>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<br>This STANDARD is not met as evidenced by:<br>Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Where emergency lighting is provided by automatic transfer between normal power service and an emergency generator, it is the intent to prohibit the installation, for any reason, of a single switch that can interrupt both energy sources. 7.9.2.3.<br><br>The facility failed to ensure the illumination of the means of egress. | K 291                                                                      | 1. Richardton Health Center has contacted an electrician to ensure the illumination of the means of egress during the loss of commercial power.<br><br>2. The Maintenance Supervisor and electrician will assess, inspect, investigate and test all areas of the facility requiring automatic illumination in accordance with this code.<br><br>3. The Maintenance Supervisor will be educated related to automatic illumination in accordance with this code. The Maintenance Supervisor will check emergency lighting/automatic illumination |  | 1/20/17                                                |

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

TITLE

(X6) DATE

Electronically Signed

12/27/2016

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHARDTON HEALTH CENTER INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8885 HIGHWAY 10<br/>RICHARDTON, ND 58652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                        |
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| K 291                                                                   | Continued From page 1<br><br>Observation determined normal lighting for the corridor in the Administrative Wing was controlled by a manual switch. In the event of loss of commercial power, the switch for the corridor lighting may be in the "off position" and prevent emergency power from reaching the corridor lighting.<br><br>Failure to provide available emergency power to the Administrative Wing corridor illumination could increase the risk of injury or death.<br><br>This deficiency affected emergency lighting in one (1) of three (3) smoke compartments.                                                           | K 291                                                                      | throughout the facility one (1) time per week for four (4) weeks, then one (1) time per month for three (3) months, and then check on a quarterly basis.<br><br>4. The said emergency lighting/automatic illumination will be documented as corrected and will be reported to the QAPI committee at its next meeting scheduled on January 24, 2016. At two (2) consecutive QAPI meetings after January 24, the Maintenance Supervisor will report all emergency lighting/automatic illumination is in compliance with this code.<br><br>5. The corrective action will be completed by January 20, 2016. | 1/20/17                    |                                                        |
| K 901<br>SS=F                                                           | NFPA 101 Fundamentals - Building System Categories<br><br>Fundamentals - Building System Categories<br>Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel.<br>Chapter 4 (NFPA 99)<br><br>This STANDARD is not met as evidenced by:<br>Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment | K 901                                                                      | 1. Richardton Health Center<br>Maintenance Supervisor will conduct and document a risk assessment of building systems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                                        |

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| K 901                                                                   | <p>Continued From page 2<br/>procedure. NFPA 99, 4.1, 4.2.</p> <p>The facility failed to provide a documented risk<br/>assessment of building systems.</p> <p>Review of documentation and interview of staff<br/>determined the facility failed to conduct and<br/>document a risk assessment of building systems.</p> <p>Failure to conduct a risk assessment of building<br/>systems increases the risk of injury or death due<br/>to fire.</p> <p>This deficiency affected building systems<br/>throughout the entire facility.</p> | K 901                                                                      | <p>2. The Maintenance Supervisor will<br/>conduct a documented Risk Assessment<br/>to include building systems for the entire<br/>facility to meet Category 1 through<br/>Category 4 requirements as specified in<br/>this code.</p> <p>3. The Maintenance Supervisor will be<br/>educated related to conducting a Risk<br/>Assessment procedure to comply with<br/>requirements in this code.</p> <p>4. The Risk Assessment will be<br/>documented as corrected and will be<br/>reported to the QAPI committee at the<br/>next meeting scheduled on January 24,<br/>2016. At the next two (2) consecutive<br/>QAPI meetings following the January 24<br/>meeting, the Maintenance Supervisor will<br/>report changes or no changes of the Risk<br/>Assessment.</p> <p>5. The corrective action will be completed<br/>by January 20, 2016.</p> |                            |                                                        |