

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

PRINTED: 03/28/2016
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 CENTER B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2015
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 these 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 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 doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined the corridor door to the	K 029	1. The facility has ordered and will install a self-closing latching hardware device on the Kitchen Storage Room door. 2. The Maintenance Supervisor will inspect other doors to hazardous areas		1/8/16

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

TITLE

(X6) DATE

Electronically Signed

12/22/2015

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 029	Continued From page 1 Kitchen Storage Room was not equipped with a self-closing device. The Kitchen Storage Room was approximately 168 square feet and was used to store combustible materials. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected one (1) of nine (9) hazardous areas in the facility.	K 029	greater than 50 square feet that are used to store combustible materials. Any areas found deficient will be corrected with a self-closing latching hardware device. 3. The Maintenance Supervisor and Administrator have been educated related to storage areas greater than 50 square feet with combustible materials must have a self-closing latching hardware device. 4. The said door to the kitchen storage room will be documented as corrected and will be reported to the QAPI committee at its next meeting scheduled for January 19, 2016. At the monthly QAPI meeting for 2 consecutive months the Maintenance Supervisor will report that all storage rooms over 50 square feet with combustible materials have a self-closing latching hardware device on the door. 5. The corrective action will be completed by January 8, 2016.		