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DIVISION OF LIFE SAFETY
AND CONSTRUCTION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355081 | A. BUILDING 02 - ROLETTE COMMUNITY CARE CENTER<br>B. WING | 02/10/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROLETTE COMMUNITY CARE CENTER | 804 STATE STREET<br>ROLETTE, ND 58366 |

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| K 000 | INITIAL COMMENTS<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards.<br><br>The facility was located in a one-story building of Type V (III) construction that was protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. | K 000 | **General Disclaimer**<br>Preparation and Execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual. | |
| K 052 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the fire alarm system was in compliance with NFPA 72, National Fire Alarm Code.<br><br>Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. Records indicated a load voltage test of the fire alarm system batteries was conducted by an outside company on September 30, 2014. Records did not indicate a load voltage test of the fire alarm system batteries was done prior to the | K 052 | K 052<br><br>The facility has contacted the fire alarm monitoring company and made arrangements to semiannually service and test the sealed lead acid batteries.<br><br>By correcting the deficient practice and ensuring that all systems are tested according to schedule, the facility will ensure continued compliance facility wide.<br><br>Maintenance will schedule and verify that the alarm monitoring company has serviced and tested the sealed lead acid batteries according to schedule.<br><br>Maintenance will report completion to the QA and Safety Committee quarterly.<br><br>The facility will be in compliance by March 27, 2015. | |

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

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 052 | Continued From page 1<br>September 30, 2014 test.<br><br>Failure to test and maintain the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire.<br><br>This deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility.<br><br>Ref: 2000 NFPA 101 Section 18.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3. | K 052 | | |
| K 062 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.<br><br>Record review determined:<br><br>1) No record of the required annual back flow preventer test was available.<br><br>2) The facility failed to conduct a quarterly test of | K 062 | K 062<br><br>The facility has contacted the fire sprinkler servicing company and made arrangements to annually test the backflow preventer valve as well as set up and maintain a quarterly test of the sprinkler systems.<br><br>By correcting the deficient practice and ensuring that all systems are tested according to schedule, the facility will ensure continued compliance facility wide.<br><br>Maintenance will schedule and verify that the fire sprinkler servicing company has serviced and tested the backflow preventer valve as well as maintained the quarterly testing of the fire sprinkler systems.<br><br>Maintenance will report completion to the QA and Safety Committee quarterly.<br><br>The facility will be in compliance by March 27, 2015. | |

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| K 062 | Continued From page 2<br>the sprinkler system during the 2nd quarter of 2014.<br><br>Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.<br><br>The deficiency affected numerous required tests of the automatic sprinkler system, which serves the entire facility. | K 062 | | |
| K 076<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.<br><br>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.<br><br>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. In oxygen storage rooms containing more than 300 cu. ft. of compressed gas, all electrical wall fixtures must be located at least five (5) feet above the floor.<br><br>Observation determined the Oxygen Storage Room contained ninety (90) E size oxygen cylinders and had electrical wall fixtures installed less than five (5) feet above the floor. This | K 076 | K 076<br><br>The facility has contacted a qualified electrician to remove the light switch from the enclosed oxygen storage room and relocate it 5 feet above the floor and on the exterior of the oxygen storage room.<br><br>This is the only oxygen storage location and correcting this issue brings the storage location into compliance.<br><br>The light switch is being relocated to the exterior of the room and at the proper 5 foot height to permanently correct the deficiency.<br><br>Maintenance will report to the QA and Safety Committee upon completion.<br><br>The facility will be in compliance by March 27, 2015. | |

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| K 076 | Continued From page 3<br>number of cylinders exceeds 300 cu. ft. and requires additional protection to the storage room.<br><br>This deficiency affected one (1) of five (5) smoke compartments in the facility.<br><br>Ref: 2000 NFPA 101 Section 18.3.2.4; 1999 NFPA 99 Section 16-3.8.1, 8-3.1.11.2(f), 4-3.1.1.2(c)11d | K 076 | | |
| K 144 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the emergency generators were in compliance with NFPA 110, Standard for Emergency and Standby Power Systems.<br><br>1) All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.<br><br>For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and | K 144 | K 144<br><br>A. The facility has contacted a qualified electrician to install a remote manual stop station on the exterior of the generator enclosing structure. B. Maintenance will create a new form for recording the specific gravity of emergency generator batteries during weekly inspections. C. Maintenance will ensure weekly inspections of the emergency generators are conducted according to schedule.<br><br>A. Correcting the deficient practice and ensuring that all systems are tested according to schedule will ensure continued compliance.<br><br>The addition of the exterior manual stop station and the weekly monitoring of the specific gravity as well as the weekly inspection of the emergency generators will maintain compliance.<br><br>Maintenance will report weekly specific gravity monitoring and weekly generator inspections quarterly to the QA and Safety Committee upon completion.<br><br>The facility will be in compliance by March 27, 2015. | |

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| K 144 | Continued From page 4<br>should be appropriately identified. NFPA 110.<br><br>Observation determined there was no remote stop switch for the generators located outside of the generator room.<br><br>2) Record review determined the specific gravity of the emergency generators batteries were not checked at seven (7) day intervals as required.<br><br>3) Review of generator test records could not verify that weekly inspections were conducted in the past twelve (12) months.<br><br>Failure to inspect and maintain the emergency generators in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire.<br><br>The deficiency affected two (2) of two (2) emergency generators which provide all emergency power to the facility. | K 144 | | |