

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

PRINTED: 07/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355081		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ROLETTE COMMUNITY CARE CENTER B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2017	
NAME OF PROVIDER OR SUPPLIER ROLETTE COMMUNITY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 804 STATE STREET ROLETTE, ND 58366			
(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 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. The facility was located in a one-story building of Type V (111) construction that was protected with a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.			K 000			
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air return vent. Failure to install the smoke detection system as required increases the risk of death or injury due			K 347	1. The facility has contacted a qualified electrician and made arrangements to have the smoke detectors that are not in compliance, relocated according to life safety requirements. 2. By relocating the smoke detectors no closer than 3 feet from an air supply diffuser or return air opening, the facility will ensure compliance facility wide. 3. The smoke detectors will be properly relocated to permanently correct the deficiency.		4/14/17

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

TITLE

(X6) DATE

Electronically Signed

03/08/2017

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 347	Continued From page 1 to fire.	K 347	4. Maintenance will report completion to the QAPI committee.	4/14/17	
K 351 SS=D	This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility. NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(10) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard	K 351	1. The facility has contacted the fire sprinkler company and made arrangements to have the sprinkler heads in the walk-in cooler and the walk-in freezer changed to an intermediate temperature classification or higher sprinkler system. 2. By changing the sprinkler system and ensuring the walk-in cooler and walk-in		

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K 351	Continued From page 2 for the Installation of Sprinkler Systems. Observation determined one (1) sprinkler in the walk-in freezer and one (1) sprinkler in the walk-in cooler located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and cooler were equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	freezer have the appropriate system installed, the facility will ensure continued compliance facility wide. 3. The walk-in cooler and walk-in freezer will have the correct sprinkler system installed to permanently correct the deficiency. 4. Maintenance will report completion of the installation to the QAPI committee.		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353			4/14/17

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K 353	Continued From page 3 This STANDARD is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 5.1.1.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of documentation and interview of staff determined none of the required inspections and tests of the automatic sprinkler system were conducted during the second quarter of 2016. Inspections and tests include: 1) Inspect gauges of dry system weekly. 2) Inspect control valves quarterly. 3) Inspect water alarm devices quarterly. 4) Inspect valve supervisory alarm devices quarterly. 5) Inspect supervisory signal devices quarterly. 6) Inspect gauges of wet system monthly. 7) Inspect hydraulic nameplate quarterly. 8) Test waterflow alarm devices quarterly. Failure to inspect and test the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire. This deficiency affected numerous inspections	K 353	1. Maintenance created weekly, monthly, and quarterly schedules for tests and inspections. (A)Inspect gauges of dry system weekly (B)Inspect control valves quarterly (C)Inspect water alarm devices quarterly (D)Inspect valve supervisory alarm devices quarterly (E)Inspect supervisory signal devices quarterly (F)Inspect gauges of wet system monthly (G)Inspect hydraulic name plate quarterly (H)Test water flow alarm devices quarterly 2. By correcting the deficient practice and ensuring tests and inspections are completed timely, the facility will ensure continued compliance. 3. Maintenance will schedule and verify the tests and inspections have been performed and the proper documentation has been completed. 4. Maintenance will report completion of tests and inspections to the QAPI committee monthly.		

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K 353	Continued From page 4	K 353			
K 918 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA	K 918			4/17/17

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K 918	Continued From page 5 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: The facility failed to ensure the emergency power generator was installed and tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 1) Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, including all appurtenant components, and shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3	K 918	1. (1A)Maintenance created weekly inspection reports for two(2) of two(2) generators and monthly test reports for exercising two(2) of two(2) generators under load. (1B)Maintenance replaced battery for batter powered emergency lighting in one(1) of one(1)battery powered emergency lights. (1C)Maintenance contacted a qualified contractor to advise the facility and provide remedy for the building housing the emergency generator(s) to bring the ambient air temperature into compliance with NFPA 110 7.7.6 2.(2A) Correcting the deficient practices and ensuring that the generator systems are tested and inspected according to schedule for two(2) of two(2) generators, will assure continued compliance. (2B)Replacing the battery ensures the battery powered emergency lighting is in compliance for one(1) of one(1) battery powered emergency light. (2C)Correcting the ambient air temperature in the building housing for two(2) of two(2) generators will bring one(1) of one(1) building into compliance. 3. Maintenance will schedule and verify that the tests and inspections have been performed and proper documentation has been completed. 4. Maintenance will report weekly		

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K 918	Continued From page 6 Review of generator test records and interview of staff determined no weekly or monthly inspection or tests of the emergency power generators were conducted from March 2, 2016 through November 9, 2016. This deficiency affected numerous inspections and tests of two (2) of two (2) emergency power generators. 2) The Level 1 or Level 2 EPS equipment location(s) shall be provided with battery powered emergency lighting. This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. NFPA 110, 7.3.1 Observation determined the battery powered emergency light located in the Electrical Room housing the transfer switches for the emergency power system failed to illuminate when tested. This deficiency affected one (1) of one (1) battery powered emergency light in the facility. 3) The ambient air temperature in the EPS equipment room or outdoor housing containing Level 1 rotating equipment shall be not less than 4.5°C (40°F). NFPA 110, 7.7.6 Observation determined two (2) of two (2) emergency power generators were housed in a separate unattached building from the nursing facility. The building housing the emergency powered generators was not insulated or heated. On 02/28/2017, the ambient air temperature in the building was less than 40 degrees	K 918	generator inspections, monthly generator(s) load tests reports to the QAPI committee upon completion. Maintenance will bring documentation of emergency battery replacement to the QAPI committee upon completion. Maintenance will update the QAPI committee on contractor completion of generator housing to bring the unattached building into compliance for ambient air temperature.		

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K 918	Continued From page 7 Fahrenheit. This deficiency affected two (2) of two (2) emergency power generators. Failure to install, test, and maintain emergency power equipment in accordance with NFPA 110 increases the risk of injury or death due to fire.	K 918			