| 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 _____ | **03/08/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **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 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 038 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1<br>This STANDARD is not met as evidenced by:<br>During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4.<br><br>Observation determined the double doors to the Telecommunication Room #121 opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened.<br><br>This deficiency affected two (2) of numerous corridor doors in the means of egress throughout the facility.<br><br>The facility failed to ensure exit access was readily accessible at all times. | K 038 | K 038- Doors-Means of Egress<br><br>1. Maintenance removed the sections of handrail which impeded the full swing of the doors on 3-16-16. Now the fully open doors project less than 7 inches into the corridor.<br>2. This is the only location in the building where doors open into the corridor and correcting this issue brings all doors into compliance.<br>3. The handrails on either side of the doors were reduced to permanently correct the deficiency.<br>4. Maintenance reported to the QA and Safety Committee upon completion.<br>5. The facility was in compliance March 16, 2016. | 3/16/16 |
| K 050 | NFPA 101 LIFE SAFETY CODE STANDARD | K 050 | | 4/22/16 |

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

Electronically Signed | 03/22/2016

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| K 050 SS=D | Continued From page 1<br><br>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms.<br>18.7.1.2, 19.7.1.2<br>This STANDARD is not met as evidenced by:<br>The facility failed to conduct fire drills as required.<br><br>Fire drill records review determined the facility failed to conduct a Day Shift fire drill during the third quarter of 2015.<br><br>Failure to conduct fire drills as required increases the risk of death or injury due to fire.<br><br>The deficiency affected the failure to conduct one (1) of twelve (12) required fire drills in the past year. | K 050 | K 050-Fire Drills<br><br>1. Maintenance created a monthly schedule using computer software that alerts Maintenance, Administration and Nursing of monthly fire drills and notifications continue until completion of the task.<br>2. By correcting the deficient practice and ensuring that all fire drills are completed timely, the facility will ensure continued compliance.<br>3. Maintenance will schedule and verify that the fire drills have been performed and proper documentation has been completed and signed by Administration.<br>4. Maintenance will report the completion of fire drills monthly to the QA and Safety Committee.<br>5. The facility will be in compliance April 22, 2016 | |
| K 051 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD | K 051 | | 4/22/16 |

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| K 051 | Continued From page 2<br>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the fire alarm system was in compliance with 1999 edition of NFPA 72, National Fire Alarm Code. 1-5.2.5.2.<br><br>Fire alarm connections to the light and power service need to be on a dedicated branch circuit. The circuit and connections need to be mechanically protected. Circuit disconnection means must have a red marking, be accessible only to authorized personnel, and be identified as Fire Alarm Circuit Control.<br><br>Observation determined the facility failed to provide a mechanical locking device on the fire | K 051 | K 051- Lock on Fire Alarm Breaker<br><br>1. A mechanical locking device was installed March 14, 2016 on the fire alarm control panel breaker.<br>2. By correcting the deficient practice and ensuring that fire alarm connections to the light and power service are on a dedicated branch circuit and are mechanically protected and easily identifiable as Fire Alarm Circuit Breaker, the facility will ensure continued compliance facility wide.<br>3. Maintenance will add the task of | |

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| K 051 | Continued From page 3<br>alarm electrical circuit breaker.<br><br>Failure to provide mechanical protection for the fire alarm system electrical circuit breaker increases the risk of injury and death.<br><br>This deficiency affected the entire building. | K 051 | identifying the mechanical locking device to the monthly fire drill documentation form.<br>4. Maintenance will report completion of this task with the fire drills monthly to the QA and Safety Committee.<br>5. The facility will be in compliance April 22, 2016. | |
| K 052 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA70 and 72. 9.6.1.4, 9.6.1.7,<br>This STANDARD is not met as evidenced by:<br>The facility failed to test the fire alarm system as required.<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 by NFPA 72, National Fire Alarm Code. Load voltage tests were conducted annually with the last test performed on 02/09/2016. No semiannual load voltage test was documented six months prior to this date.<br><br>Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire.<br><br>The 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 | K 052 | K 052- Fire Alarm backup battery testing<br><br>1. The facility purchased a pulse load voltage with battery percentage tester March 21, 2016 to conduct semiannual load voltage test.<br>2. By correcting the deficient practice and ensuring that all tests are conducted semiannually, the facility will ensure continued compliance facility wide.<br>3. Maintenance created a monthly schedule using computer software that alerts Maintenance, Administration and Nursing of semi-annual load voltage tests and notifications continue until completion of the task.<br>4. Maintenance will report completion to the QA and Safety Committee.<br>5. The facility will be in compliance April | 4/22/16 |

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| K 052 | Continued From page 4<br>facility.<br><br>Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3. | K 052 | 22, 2016. | |
| K 062 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5<br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the automatic fire 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>Records review and observation determined:<br><br>1) No current record of the required annual back flow preventer inspection/test was available. The last date documented was 03/02/2015 which exceeds 365 days between tests.<br><br>2) There were tiles missing from the suspended ceilings (in Housekeeping Room #410 and Clean Laundry) that may result in a delayed activation of the automatic fire sprinkler system.<br><br>3) The facility failed to conduct and document quarterly flow alarm tests of the automatic fire sprinkler system.<br><br>4) No documentation of the five (5) year internal inspection of the wet/dry fire sprinkler system was available. | K 062 | K 062- Backflow preventer and 5 year visual inspection, 5 year gauge replacement, ceiling tile replacement, quarterly tests and training,<br><br>1.<br>A) Maintenance contacted Simplex Grinnell and the backflow preventer inspection test was completed March 18, 2016.<br><br>B) Maintenance has a daily checklist and has included suspended ceiling tiles, to ensure that all suspended ceiling tiles are in place and in good condition.<br><br>C) Maintenance contacted Simplex Grinnell and the quarterly flow alarm test of the fire alarm system was completed March 18, 2016.<br><br>D) Maintenance contacted Simplex Grinnell and a 5 year internal inspection of the wet/dry fire sprinkler system was completed March 18, 2016.<br><br>E) Maintenance contacted Simplex | 3/18/16 |

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| K 062 | Continued From page 5<br>5) No documentation of the five (5) year gauge calibration or replacement of the wet/dry automatic fire sprinkler system was available.<br><br>Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.<br><br>This deficiency affected numerous inspections, tests and components of the automatic fire sprinkler system which serves the entire facility. | K 062 | Grinnell and the 5 year replacement of the automatic fire sprinkler system gauges was completed March 18, 2016.<br><br>2.By correcting the deficient practice and ensuring that all tests are according to schedule, the facility will ensure continued compliance facility wide.<br><br>3.Maintenance created a monthly schedule using computer software that alerts Maintenance, Administration and Nursing of semi-annual load voltage tests and notifications continue until completion of the task. All Maintenance Personnel were in-serviced 3-09-16 on the importance of proper suspended ceiling tile placement.<br><br>4.Maintenance will report completion to the QA and Safety Committee.<br><br>5.The facility was in compliance March 18, 2016 | |