

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

PRINTED: 01/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355034		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2018	
NAME OF PROVIDER OR SUPPLIER TIOGA MEDICAL CENTER LTC				STREET ADDRESS, CITY, STATE, ZIP CODE 810 N WELO ST TIOGA, ND 58852			
(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 Tioga Medical Center LTC was a combined hospital and skilled nursing facility located in a one-story building of Type II (000) construction with a basement. The entire building was equipped with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A clinic was attached to the west side of the Tioga Medical Center and was separated by an occupancy separation wall having a two-hour fire resistance rating. A one-story apartment building was attached to the east side of the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.			K 000			
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:			K 211			12/7/18

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

TITLE

(X6) DATE

Electronically Signed

11/02/2018

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 211	Continued From page 1 Arrangement of means of egress shall comply with Section 7.5. 19.2.5.1. Exit access and exit doors shall be designed and arranged to be clearly recognizable. 7.5.2.2. The facility failed to arrange exits to be clearly recognizable. Observation determined the west exit from the Long-Term Care Dining Room had a poster covering the door disguising the door as a book shelf. Failure to arrange exits to be clearly recognizable increase the risk of injury or death due to fire. This deficiency affected one (1) of two (2) exits from the Dining Room.	K 211	1. Poster was removed from exit door on 10/23/18. 2. All exit access and exit doors have the potential to be affected. 3. Plant personnel, nursing, activities and social services were updated on 10/24/18 and all department managers were updated on 10/30/18 at Department Head meeting. Mass email was sent to all employees on 11/2/18. 4. Plant Director or his designee will monitor all exits monthly X3. 5. 12/7/18		
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. 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, A.17.7.4.1 The facility failed to ensure the smoke detection	K 347	1. Smoke detector was removed on 10/29/18. 2. All areas of TMC have the potential to be affected. 3. If any new construction or remodeling is done, TMC will ensure detectors are installed correctly. Plant personnel was educated 10/24/18. 4. No QA will be done unless construction	12/7/18	

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K 347	Continued From page 2 system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined a smoke detector in the Long-Term Care Kitchen Storage Room was installed within 36 in. of an air supply diffuser. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 347	or remodel is done. 5. 12/7/18	12/7/18	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Portable fire extinguishers shall be provided in all health care occupancies. Extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 19.3.5.12, 9.7.4.1 Fire extinguishers having a gross weight not exceeding 40 lb. (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb. (18.14 kg) (except wheeled types) shall be installed so that the top of the fire extinguisher is not more than 3 1/2 ft (1.07 m) above the floor. In	K 355	1. Fire extinguisher was removed and re-installed at appropriate height on 10/29/18. 2. All fire extinguishers installed in TMC have the potential to be affected. 3. If any new construction or remodeling is done, TMC will ensure fire extinguishers are installed correctly. Plant personnel was educated 10/24/18. 4. No QA will be done unless construction or remodel is done. 5. 12/7/18		

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K 355	Continued From page 3 no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm). NFPA 10 6.1.3.8.1, 6.1.3.8.2, 6.1.3.8.3 The facility failed to install fire extinguishers in accordance with NFPA 10. Observation determined a portable fire extinguisher in the Long-Term Care Kitchen was installed with the top of the extinguisher more than 5 ft. above the floor. Failure to install fire extinguishers in accordance with NFPA 10 increases the risk of injury or death due to fire. The deficiency affected one (1) of numerous fire extinguishers in the facility.	K 355			