STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355034	A. BUILDING _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIOGA MEDICAL CENTER LTC	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
E 000	Initial Comments A recertification survey conducted on 03/11/2025 found Tioga Medical Center LTC in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 03/25/2025

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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	355034	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/11/2025**

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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 II (000) construction. The building was equipped with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A hospital was attached to the west side of the facility 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 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7	K 712		4/8/25

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K 712	Continued From page 1 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) Night shift fire drills did not include documentation of a simulated emergency phone call to the fire department. 2) No fire drill was conducted on the AM Shift during the third quarter in the past year. 3) No fire drill was conducted on the Night Shift during the third quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of eight (8) drills in the past year.	K 712	1.The identified deficiency did not directly harm residents. However, the facility's failure to conduct fire drills as required could potentially affect all residents. 2.The Plant Operations Supervisor will implement a fire drill tracking system that: oEnsures documentation includes the date, time, shift, location, staff response, and a simulated emergency call to the fire department. oSchedules and records fire drills for each shift quarterly. 3.The Plant Operations Supervisor will perform monthly internal audits of fire drill records using a Fire Drill Audit Log. 4.The audit log will be reviewed at the monthly safety meeting and submitted to QI monthly x6, then quarterly x2, unless otherwise determined by the QI committee at the monthly meeting. 5.Completion date: 04/08/2025	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are	K 761		4/1/25

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K 761	Continued From page 2 routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined all fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire.	K 761	1.The identified deficiency did not directly harm residents. However, the facility's failure to inspect and test fire-rated door assemblies throughout the facility could potentially affect all residents. 2. All fire-rated doors were inspected and tested on March 11, 2025. 3. All staff involved in fire-rated door inspections will be re-educated on annual inspections of fire-rated doors by April 1,2025. 4.Fire door inspection will now be scheduled annually each January instead of annually. 5.Completion date: 04/01/2025	

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K 761	Continued From page 3 The deficiency affected numerous fire rated door assemblies throughout the facility.	K 761		