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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	351300	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIOGA MEDICAL CENTER	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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42CFR 482.41(b). The findings that follow demonstrate non compliance with these standards. This facility is located in a one-story building of Type II (111) construction with a basement. The Tioga Medical Center is attached to the west side of the Tioga Medical Center Long Term Care and is separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate 2 of 4 hazardous areas from other spaces with a one-hour fire resistive rated floor/ceiling assembly. Observation determined: 1) The membrane ceiling of the Medical Records	K 029	1.Membrane ceiling will be patched. 2. Walk through and inspect other areas. 3. Quarterly inspections. 4. A. Record any new findings and correct them. B. Seal any new holes due to any new construction. 5. 07/26/12	07/26/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President/CEO — (X6) DATE: 6-26-12

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	351300	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIOGA MEDICAL CENTER	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 029	Continued From page 1 Room had holes that were not sealed with fire rated material. 2) The membrane ceiling of the Central Storage Room had holes that were not sealed with fire rated material.	K 029		
K 076	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Freestanding oxygen cylinders must be properly chained or supported in a proper cylinder stand or cart. NFPA 99 9.7.2.3 The facility failed to secure all oxygen cylinders in the Home Health Oxygen Storage Room. Observation determined six free standing oxygen cylinders were not chained or supported.	K 076	1. Oxygen containers were chained. 2. Instruct employees to always store properly. 3. Quarterly walk throughs. 4. Record any new findings and correct them. 5. 07/26/12	06/11/12
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	351300	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIOGA MEDICAL CENTER	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 130	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to maintain the emergency power supply system (EPSS) with all required components and provide a remote system alarm at a work site that is readily observable by personnel. NFPA 110, Standard for Emergency and Standby Power Systems. Observation revealed the facility's emergency power supply (EPS) consisted of a generator located indoors and a transfer switch located in the Boiler Room. The Boiler Room was not continuously occupied and there was no annunciator panel installed at a location that was readily observed by staff.	K 130	1. EPSS will be ordered and installed. 2. This is the only generator in this facility. 3. Install EPSS on any generators that may be installed in the future. 4. Inspect EPSS on quarterly walk through to ensure EPSS is working properly. 5. 07/26/12	07/26/12