STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355034	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/05/2015**

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
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 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type II (000) construction with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Occupancy separations having a two-hour fire resistance rating separated the nursing facility from the attached hospital and apartment building.	K 000		
K 011	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: 1) The facility failed to ensure communicating openings through a two-hour fire resistant rated occupancy separation wall occur only in corridors. Observation determined there was a doorway through the two-hour fire resistant rated occupancy separation wall from the corridor in the nursing home to the Administration Area in	K 011	#1 issue: 1. A 2 hour fire barrier is not required for occupancy between the hospital and nursing home; therefore we will no longer maintain this wall as a 2 hour fire barrier, but as a smoke barrier between the hospital and nursing home. the hospital and nursing home utilize the same fire protection system and sprinkler system,	11/19/15

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

Electronically Signed | 10/23/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 011	Continued From page 1 the hospital. Failure to ensure communicating openings through two-hour fire resistant rated occupancy separation walls occur only in corridors increases the risk of death or injury due to fire. 2) The facility failed to ensure the fire resistance rating of occupancy separation walls. Observation determined there was an unsealed space around a bundle of cables passing through the occupancy separation wall above the door to the Administration Area. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) two-hour fire resistant rated occupancy separation walls in the facility.	K 011	and follow the same safety rules and regulations throughout the facility. 2. All 2 hour fire walls will be inspected by the Plant Operations Director or his designee, making sure they are in compliance with Life Safety codes. 3. A new policy will be developed by the Plant Operations Director or his designee and adopted by the facility to make sure the facility is in compliance with the Life Safety codes addressing all 2-hour fire walls. 4. Monitoring will be conducted by the Plant Operations Director or his designee and reported to QA Committee on a quarterly basis for one year. 5. TMC Board of Directors reviewed deficiency 10/19/15. #2 issue: 1. The unsealed space around the cables will be properly sealed. 2. All fire resistant separation walls will be inspected by Plant Operations Director or his designee, making sure they are in compliance with Life Safety codes. 3. If any construction occurs to fire resistant separation walls the Plant Operations Director or his designee, will monitor to make sure all areas are sealed and in compliance with Life Safety codes. 4. Monitoring will be conducted by the Plant Operations Director or his designee and reported to QA Committee on a quarterly basis for one year. 5. Completion will be done by 11/19/15.	
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		11/19/15

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	355034	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/05/2015**

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TIOGA MEDICAL CENTER LTC	**810 N WELO ST** **TIOGA, ND 58852**

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K 038	Continued From page 2 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2 The facility failed to ensure exit access was readily accessible at all times. Observation determined the exterior exit doors from the West Wing, North Wing, East Wing, Main Entrance and Dining Room were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from six (6) of seven (7) exterior exits from the facility.	K 038	1. All exit doors as noted (west wing, east wing, north wing, main entrance and dining room) will be equipped with delayed egress feature. 2. If any new doors are added to the facility or system upgrades with security locks, maintenance will ensure doors are equipped with the delayed egress feature. 3. If any new doors are added to the facility or system upgrades with security locks, maintenance or QA director will monitor that the doors are equipped with the delayed egress feature. 4. All secure doors will be tested weekly X 4, then monthly X 5. Results will be reviewed at QA committee meeting for further action. 5. Electrowatchman was contacted in September 2015 prior to survey and again after survey on 10/23/15 as to the issue and is looking into a system fix that matches our system.	
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.	K 076		11/19/15

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K 076	Continued From page 3 (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: Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standards for Health Care Facilities. 19.3.2.4, NFPA 99 8-3.1.11.2(f) The facility failed to ensure nonflammable medical gas equipment and systems were in compliance with NFPA 99. In oxygen storage rooms containing more than 300 cu. ft. of gas, all electrical wall fixtures must be located at least five (5) feet above the floor. Observation determined the Oxygen Storage Room contained over 300 cu. ft. of oxygen and had electrical wall fixtures installed less than five (5) feet above the floor. This deficiency affected one (1) of one (1) oxygen storage room in the facility.	K 076	1. Light switch and duplex receptacle will be moved up higher on the wall to meet the 5 ft requirement. 2. If any new medical gas storage rooms are added, TMC will ensure that the electrical fixtures are put in proper place. 3. If any new medical gas storage rooms are added, TMC will ensure that the electrical fixtures are put in proper place. 4. If any new medical gas storage rooms are added the Maintenance Director or QA Director will monitor that the electrical fixtures have been placed appropriately. 5. Electrician was contacted 10/16/15.	