STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CARE CENTER	979 CENTRAL AVE N VALLEY CITY, ND 58072

(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 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility was comprised of three separate buildings: 1) The original 1957 four-story building was of Type II (222) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the east side of the original four-story building was a three-story addition which was constructed in 1988. The three-story structure was of Type II (222) construction equipped with a automatic sprinkler system designed to meet the requirements of NFPA 13. 2) Attached to the north side of the original four-story building was a one-story building of Type II (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13. The two buildings were separated by a two-hour rated wall. 3) Attached to the north end of the one-story building was a one-story addition built in 2006 of Type V (111) construction with an automatic sprinkler system designed to meet the requirements of NFPA 13. The buildings were separated by a two-hour fire rated wall and the 2006 addition was surveyed using Chapter 18 New Health Care Occupancies.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

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

Craig Thompson | CEO | 3-1-2010

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 012	Continued From page 1 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to provide a structure that meets the requirements of the Life Safety Code. Observation determined the 1988 three-story addition of Type II (222) construction with an automatic sprinkler system was built with a wood framed roof. The wood framed roof has two layers of 5/8 " Type X gypsum board attached to the bottom of the rafters. The three story addition with a wood framed roof exceeded the allowable height for the construction type.	K 012	A Fire Safety Evaluation System (FSES) was used for Tag K 012 Building Construction Type compliance as a result of the 02/18/10 Life Safety Code survey. The facility passes the FSES upon correction of all other deficiencies.	
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Exits must be marked by approved signage that is readily visible from any direction of exit access and that obviously and clearly identifies the exit. 7.10.1.2 The facility failed to mark exit paths with readily visible signage. Observation determined the facility failed to add	K 047	**<u>K 047 NFPA 101 Life Safety Code Standard</u> – Exit and directional signs are displayed.** 1. Exit signage will be installed on both sides of the 2nd wing east and west special care unit corridor door. 2. An Inspection of all exist signs will be reviewed within the facility to make appropriate exit signs are provided. 3. All exit signage will be inspected on facility inspection walk through on a annual basis.. 4. All renovation and repairs within the facility will be inspected by the Environmental Service Coordinator during construction and after construction to assure proper installation of exit sign is in place.	4/2/10

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K 047	Continued From page 2 addition exit signage to clearly identify exits when cross-corridor security doors were installed in the east and west corridors of 2nd Wing. The security doors in the 2nd Wing east corridor were not equipped with exit signs on either side of the doors. The security doors in the 2nd Wing west corridor were not equipped with an exit sign on the south side of the doors.	K 047		
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications.	K 054	**<u>K 054 NFPA 101 Life Safety Code Standard</u> – Required smoke detectors; are maintained and inspected accordance with the manufacturer's specifications.** 1. Sensitivity testing will be completed by April 2, on all smoke detectors and semi-annually after April 2 test. Records will be maintained and kept up to date on all smoke detection testing. **2.** Review and inspection of all smoke detectors throughout the facility will be discussed and checked by a certified Inspection Company and ESC. **3.** Annual inspection by a Certified Inspection Company will be conducted. **4.** The facility will monitor smoke detectors through a Certified Inspection Company on a annual basis.	4/2/10

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K 054	Continued From page 3 Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. If the smoke detection system does not meet the allowance for five years between calibration, the system must be tested at least every two (2) years. The test records indicated the smoke detectors have not been tested for sensitivity since March of 2007. During the 2007 sensitivity test, a smoke detector was replaced and since the 2007 sensitivity test an additional smoke detector was added. The facility failed to provide documentation that verified the frequency at which the smoke detectors were sensitivity tested.	K 054		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1-1/2 hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records indicated the 90-minute annual test of the	K 130	**K 130 NFPA 101 Miscellaneous Other LSC deficiency not on 2786.** 1. a) A functional test of the facility emergency lighting and emergency battery-powered packs will be completed according to the requirement and records will be kept up to date. b) Transfer switches will be maintained according to the emergency and standby power systems standards. 2. All facility emergency battery-power packs and transfer switches will be maintained and recorded as they are performed. 3. Facility emergency battery-packs and transfer switches will be check on a annual basis during a facility Q.A. walk through by the Environmental Service Coordinator. 4. Inspection will be reviewed on a annual inspection and review by ESC.	4/2/10

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K 130	Continued From page 4 battery-powered lighting in the Boiler Room, Generator Transfer Switch Gear Room, and the Katolite-Gen-Set was not conducted during 2009. 2) Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch.	K 130		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not conducted in 2009 and 2010.	K 144	**K 144 NFPA 101 Life Safety Code Standard – Generators are inspected.** 1. Generators will be tested and inspected under load for 30 minutes and will be recorded on a new weekly reporting form. 2. Individual scheduled to do the testing will be educated and the new weekly reporting form will be reviewed with him. Both generators will be tested and recorded on a new weekly reporting form. 3. Facility generators will be inspected and all documentation will be recorded on the new form for all weekly and monthly checks. 4. Inspection of the documentation will be reviewed on a semi- annual inspection walk-through and review by Environmental Service Coordinator.	4/2/10