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 _____	**05/31/2016**

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 findings that follow demonstrate noncompliance with these standards. 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 III (211) construction equipped with an automatic sprinkler system designed to meet the requirements of NFPA 13. This addition had a wood roof. The wood framed roof has two layers of 5/8" Type "X" gypsum board attached to the bottom of the rafters. This downgrades the construction from Type II (222) to Type III (211). 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 wall having a two-hour fire resistance rating. 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	K 000		

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

Electronically Signed | 06/13/2016

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K 000	Continued From page 1 sprinkler system designed to meet the requirements of NFPA 13. The buildings were separated by a wall having a two-hour fire resistance rating. The 2006 addition was surveyed using Chapter 18 New Health Care Occupancies. Note: The Fire Safety Evaluation System (FSES) was used as an alternative safety method for Tag K 012 Construction Type for the 05/31/2016 Life Safety Code survey. The facility passes the FSES when all other deficiencies are corrected.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD 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. This downgrades the construction to Type III (211). The three-story addition with a wood framed roof exceeded the allowable height for the construction type. Failure to provide a structure that meets the construction requirements of the Life Safety Code increases the risk of injury or death due to fire.	K 012	A Fire Safety Evaluation System (FSES) was used for Tag K 012 Building Construction Type compliance as a result of the 05/31/2016 Life Safety Code survey. The facility passes the FSES upon correction of all other deficiencies.	7/8/16

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K 012	Continued From page 2 This deficiency affected one (1) of three (3) buildings separated by a wall having a two-hour fire resistance rating.	K 012		
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2 The facility failed to conduct fire drills as required. On 05/31/2016, fire drill records indicated the last four (4) fire drills for the PM shift occurred at 3:35, 3:15, 3:35, and 3:34 pm. The last four (4) fire drills for the Night shift occurred at 12:10, 12:10, 12:15, and 12:15 am. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Fire drills on two (2) of three (3) shifts in the past year all occurred at times within 20 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases	K 050	1. Education to facility personnel will be completed on the requirement to provide emergency training under varying conditions. 2. Fire drills will be completed at varying times throughout the buildings. 3. Quality Assurance plan will be put in place to monitor emergency action and the time frames in which fire drills were performed on all shifts on a quarterly basis for one year. 4. The Environmental Service Coordinator will monitor the Q.A. report. All discrepancies will be reported to Administration. 5 7/8/2016	7/8/16

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K 050	Continued From page 3 the risk of death or injury due to fire. The deficiency affected eight (8) of twelve (12) drills in the past year.	K 050		
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. 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.	K 054	1. Nardini is contacted to provide sensitivity testing on all smoke detectors throughout the facility. 2. All smoke detectors in all areas will be checked. 3. A contract will be utilizes/signed to assure proper time smoke detectors checks are completed within the required timeframe according to regulations NFPA 72. 4. The Environmental Service Coordinator will monitor the reports completed by Nardini and will communicate any regulation discrepancies to administration. 5. 7/8/2016	7/8/16

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K 054	Continued From page 4 Test records indicated the smoke detectors were last sensitivity tested on 03/26/2014. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected the entire building.	K 054		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review determined the annual backflow preventer flow test was last done on 12/16/2014, exceeding one year from the date of this survey. Failure to test and inspect the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire. The deficiency affected one of numerous required tests of the automatic sprinkler system. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5,	K 062	1. Contact has been made for NOVA our contacted service company to come and completes the facilities backflow preventers test throughout the facility. 2. NOVA will complete a full facility automatic sprinkler system check and will report and repair any discrepancies to the Environmental Service Coordinator. 3. A contract will be utilizes/signed with NOVA to assure proper timing of all automatic sprinkler system checks are completed within the required timeframe according to regulations. 4. The Environmental Service Coordinator will monitor the reports completed by NOVA and will communicate any regulation discrepancies to administration. 5. 7/8/2016	7/8/16

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K 062	Continued From page 5 1998 NFPA 25 Section 9-6.2	K 062		