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 _____	**07/03/2018**

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

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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 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 which was separated with 4 layers of 5/8-inch gypsum board. 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. 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 wall having a two-hour fire resistance rating.	K 000		

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

Electronically Signed | 07/09/2018

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 000	Continued From page 1 Attached to the east side of the one-story building was a one-story addition built in 2016 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.	K 000		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to test the fire alarm system as required. Review of documentation determined device test results (alarm initiating, supervisory alarm	K 345	1. Device Testing will be completed with a itemized list of required device types, address, location and test results recorded. 2. Both building/areas will be inspected to ensure testing and maintenances by the contract service is completed and reports submitted within required time frame. 3. Q.A. will be put in place to monitor reports. 4. A calendar will be put in place to monitor the date requirement inspections need to be completed. E.S.C. will	7/31/18

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K 345	Continued From page 2 initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345	monitor. 5. 7-31-2018	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: 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. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity	K 347	1. Fire Alarm sensitivity testing will be completed within the requirement of NFPA 72. 2. Both building records will be inspected to ensure testing and maintenance by the contracted service is completed and reports are submitted within the required time frame. 3. Q.A. will be put in place to monitor reports. 4. A calendar will be put in place to monitor the dates requirements inspections need to be completed. E.S.C. will monitor.	7/31/18

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K 347	Continued From page 3 testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated smoke detectors were last tested for sensitivity on 06/02/2016, exceeding two years from this survey. 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 all smoke detectors in the facility.	K 347	5. 7-31-2018	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	K 351		8/15/18

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K 351	Continued From page 4 This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. 1) Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined one (1) sprinkler located within 1-foot of a horizontal discharge unit heater in the Kitchen Stairway was ordinary-temperature rated. 2) A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. NFPA 13, 8.5.3.4.1. Unless the requirements of 8.6.3.4.2, 8.6.3.4.3, or 8.6.3.4.4 are met, sprinklers shall be spaced not less than 6 ft (1.8 m) on center. NFPA 13,	K 351	1. Sprinkler head in high-Temp zone will be replaced in accordance with NDPA 13. Sprinklers in Special Care Unit will be spaced 6 feet on center. 2. A facility inspection will be completed on sprinkler system checking appropriate sprinkler heads and required distance between sprinklers are maintained. 3. All new sprinkler heads and sprinkler system installations will need to be approved by the E.S.C. 4. A Q.A. of sprinkler system will be completed by E.S.C. 5. 8-15-2018	

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K 351	Continued From page 5 8.6.3.4.1. Observation determined two (2) sprinklers in the Living Room area of the Special Care Unit were located 3-feet apart. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected three (3) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 712 SS=D	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 This REQUIREMENT 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. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills	K 712	1. Fire drills will be conducted quarterly on each shift and documented. 2. Education and training fire drills will be completed with all maintenances staff to ensure quarterly fire drills are completed correctly in a timely manner and documented that drills were done at	7/31/18

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K 712	Continued From page 6 were conducted on the Third Shift during the fourth quarter of 2017. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	varying time frames. 3. E.S.C. will conduct Q.A. checks quarterly for the next year to ensure compliance. 4. E.S.C. will monitor fire drills and reported to the Q.A. Committee any discrepancies. 5. 7-31-2018	