STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING **01** B. WING _____	**05/12/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST RAPHAEL	**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
E 000	Initial Comments A recertification survey conducted on May 12, 2021 found Sheyenne Care Center in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.	E 000		
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	K 000		

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

Electronically Signed | 05/18/2021

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K 000	Continued From page 1 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. 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 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests.	K 291	K-291 1 Testing of required emergency lighting system shall be conducted according to 7.9, 18.2.9.1, 19.2.9.1. a. Functional testing shall be completed, with minimum between 3 to 5 weeks, for not less than 30 second. b. Functional testing shall be conducted annually for a minimum of 1 hour, if lighting system is battery powered. c. Emergency lighting system shall be fully operational for the duration of test.	5/21/21

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SMP HEALTH - ST RAPHAEL	**979 CENTRAL AVE N** **VALLEY CITY, ND 58072**

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K 291	Continued From page 2 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of documentation determined: 1) No record was available to indicate a 30-second test of the battery-powered emergency lights has be completed in November and December 2020, January, February, March, and April 2021. 2) No record was available to indicate a 90-minute test of the battery-powered emergency lights has been completed in the past 12 months. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all battery-powered emergency lights in the facility.	K 291	d. Written records of visual inspection and tests shall be documented. 2. Education and training will be completed with maintenance staff on both building emergency lighting systems. Monthly inspections will be setup on a preventative maintenance so documentation will be completed. 3. E.S.C. will review the Q.A. that is put in place and will monitor and approve the monthly report. 4. A preventative maintenance program will identify scheduled monthly testing, for tracking performance and documentation can be identified being completed. 5. 5-21-2021	
K 345 SS=D	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	K 345		5/21/21

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K 345	Continued From page 3 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 A digital alarm communicator transmitter shall be tested monthly to verify an alarm was received within 90-seconds. NFPA 72 14.4.5 The facility failed to test the fire alarm system as required. Documentation was not available to determine the fire alarm system communicator had been tested in August 2020. 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	K-345 1. Fire Alarm system communicator will be tested and documentation will be completed monthly to verify an alarm was received within 90-seconds. According to NFPA 72 14.4.5 2. Education and training with maintenance staff on both building/areas Fire Alarm system communicator. Monthly inspections will be completed by maintenance and a preventative maintenance program will be establish and documented within required time frame. 3. E.S.C. will review the Q.A. that is put in place and will monitor and approve the monthly report. 4. A calendar will be put in place to monitor the date requirement inspections need to be completed. E.S.C. will monitor. 5. 5-21-2021	
K 712 SS=F	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	K 712		5/21/21

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K 712	Continued From page 4 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: The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills were conducted on the First Shift during the second quarter in the past year, or the Third Shift during the first quarter of 2021. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 712	K- 712 1. Fire drills will be conducted monthly on each shift per quarter and documented on the state supplied form. 2. Education and training on fire drills will be completed with all maintenances staff to ensure monthly fire drills are completed correctly in a timely manner and documented that drills were done at varying time frames. 3. E.S.C. will review the Q.A. that is put in place and will monitor and approve the monthly report. 4. E.S.C. will monitor fire drills and reported to the Q.A. Committee and CEO. 5. 5/21/2021.	