STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING _____ B. WING _____	08/26/2024

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 08/26/2024 found SMP Health - St Raphael in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 09/05/2024

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.

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 _____	**08/26/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST RAPHAEL	**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		

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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 _____	**08/26/2024**

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

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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 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and	K 353	K 353 Sprinkler System-Maintenance and Testing 1. On date 7/22/2024, the annual inspection of the automatic sprinkler system was conducted, including flow testing. Quarterly flow testing will start	9/12/24

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K 353	Continued From page 2 maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review determined documentation was not available indicating quarterly flow tests of the automatic sprinkler system were conducted during the first and second quarter of 2024, and the fourth quarter of 2023. An outside company conducted the annual inspection and testing on 07/22/2024. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	October 2024 and continue on a quarterly basis. 7. The facility has identified that all residents in the facility have the potential to be affected. 8. On 8/26/2024 education was provided to Environmental Services Supervisor and Maintenance Supervisor regarding requirement for quarterly flow testing of the automatic sprinkler system. 9. On 9/12/2024 all staff will be educated 10. An audit tool has been developed to ensure compliance. Audit tool will be completed by Environmental Services Director or designee monthly for 3 months and then quarterly for a total of 12 months. a. A summary of completed audits will be provided monthly to the quality assurance committee to ensure compliance is achieved and sustained. 11. Compliance will occur on or before 9/12/2024	