STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355109	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOURIS VALLEY CARE CENTER	300 MAIN ST S VELVA, ND 58790

(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 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). The facility was located in a one-story building of Type V (000) construction that was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire rated barrier separated an apartment building attached to the south side of the facility.	K 000		
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Residents, general public, and facility staff in the area of oxygen administration should be advised of respiratory therapy hazards and regulations. Visitors should be cautioned of these hazards through the prominent posting of signs. Precautionary signs, readable from a distance of 5-ft, must be conspicuously displayed wherever supplemental oxygen is in use. They must be attached to adjacent doorways or to building walls or be supported by other appropriate means. A suggested text for precautionary signs for oxygen is CAUTION - OXYGEN IN USE - KEEP FLAMES AWAY - NO SMOKING - NO ELECTRICAL APPLIANCES.	K 141	Souris Valley Care Center (SVCC) will post precautionary signs to adjacent doorways or building walls wherever supplemental oxygen is in use. All 25 resident rooms will be inspected by the nursing staff. All resident rooms have the potential to require the use of supplemental oxygen. The SVCC nursing staff will examine all resident rooms each day to ensure the proper signage is posted when supplemental oxygen is in use. SVCC will monitor the process through the Quality Assurance committee. The committee will audit the process monthly x3, and quarterly thereafter for one year.	3/7/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3-25-11

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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	355109	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/07/2011

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K 141	Continued From page 1 In health care facilities where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with NO SMOKING language are not required. The nonsmoking policies shall be strictly enforced. The facility failed to provide precautionary signs adjacent to resident room doorways where oxygen was in use. Observation determined that oxygen was in use in Resident Room 107 but a precautionary sign was not posted adjacent to the door.	K 141	The corrective action is in place as of March 7th and the first audit will be performed in the month of April.	