

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355109	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING DIVISION OF LIFE SAFETY AND CONSTRUCTION		(X3) DATE SURVEY COMPLETED 11/05/2012
NAME OF PROVIDER OR SUPPLIER SOURIS VALLEY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction that was protected by a wet and dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall having a two-hour fire resistance rating separated the attached apartment building on the southside from the nursing facility.	K 000	Preparation and Execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.		
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit signs were displayed with continuous illumination. Observation determined the exit sign above the south exit door had one bulb that was not illuminated.	K 047	Exit and directional signs light bulb was replaced. Maintenance or designee will audit all exit and directional signs to ensure all light bulbs are working for six months to ensure compliance. Survey issue will be addressed and managed during monthly Quality Assurance meeting.	11/8/12	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 050			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Haylene K. Lee

Administrator

12-5-12

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 050	Continued From page 1 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 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: The administration of every health care occupancy must have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees must be periodically instructed and kept informed with respect to their duties under the plan. The facility failed to develop a comprehensive written Fire Safety Plan for staff to follow for the evacuation of residents in the event of a fire emergency. Records review determined: 1) The facility's written Fire Safety Plan did not include a requirement to telephone 911 in the event of a fire emergency. 2) Documentation of evacuation drills did not include staff simulation of calling the fire department.			K 050	1) Facility updated written procedure to ensure 911 is called by staff in the event of an fire. 2) All staff will simulate calling 911 during drills. All staff will be educated on the new procedure on calling 911 in an event of an fire. Maintenance or designee will audit all fire drills to ensure 911 is being dialed for six months to ensure compliance. Survey issue will be addressed and managed during monthly Quality Assurance meeting.		12-20-12
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA			K 052			

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K 052	Continued From page 2 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire drill/fire alarm test records indicated the facility failed to document the testing of the fire alarm system during months in which silent night fire drills were conducted. This occurred in the months of September and October 2012.	K 052	Facility will ensure that monthly sounding of the alarm system is done. Maintenance or designee will audit all monthly fire drills and ensure the alarm is sounded monthly for 12 months to ensure compliance. Survey issue will be addressed and managed during monthly Quality Assurance meeting.	12-20-12	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined: 1) The ground fault circuit interrupter (GFCI)	K 147			

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