

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

PRINTED: 12/30/2009  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>355109 | <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> JAN 12 2010<br/> DIVISION OF LIFE SAFETY AND CONSTRUCTION </div>                                                                                                                                                                                                                                                    |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>12/29/2009 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SOURIS VALLEY CARE CENTER |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>300 MAIN ST S<br>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<br><br>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).<br><br>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 046<br>SS=F                                                 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure emergency lighting of at least 1½ hour duration.<br><br>The emergency battery pack light at the emergency generator was found to be inoperative by the maintenance staff and had been removed prior to the survey.                                                                                                                       | K 046                                                            | Souris Valley Care Center (SVCC) will purchase and install an emergency battery pack light at the emergency generator. SVCC will perform preventative maintenance checks every month at each emergency light location. The Quality Assurance Committee will assign and maintain a quarterly audit to ensure the maintenance is taking place for one year. SVCC will correct the deficiency by February 12, 2010. |  | 2-12-10                                                                          |                                              |
| K 056<br>SS=D                                                 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water                                                                                        | K 056                                                            | SVCC contract NOVA to install sprinkler protection in the attic above the Dietary Storage Room. SVCC will contract NOVA to inspect the remaining portions of the building to ensure proper sprinkler protection. SVCC will correct the deficiency by February 12, 2010.                                                                                                                                          |  | 2-12-10                                                                          |                                              |

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

TITLE

(X6) DATE

*Rei Allyn* Administrator 1-11-10

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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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355109</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                 |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/29/2009</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOURIS VALLEY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>300 MAIN ST S<br/>VELVA, ND 58790</b>                                                                                                                                                                                                                                                                                                                                                                       |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                |  | (X5)<br>COMPLETION<br>DATE                             |
| K 056                                                                | Continued From page 1<br>supply for the system. Required sprinkler<br>systems are equipped with water flow and tamper<br>switches, which are electrically connected to the<br>building fire alarm system. 19.3.5<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure all areas were<br>protected by the automatic fire sprinkler system.<br><br>Observation determined the lack of sprinkler<br>protection in the attic above the Dietary Storage<br>Room.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | K 056                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |
| K 069<br>SS=D                                                        | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Cooking facilities are protected in accordance<br>with 9.2.3. 19.3.2.6, NFPA 96<br><br>This STANDARD is not met as evidenced by:<br>An inspection and servicing of the kitchen<br>fire-extinguishing system and listed exhaust<br>hoods containing a constant or fire-actuated<br>water system must be made at least every 6<br>months by properly trained and qualified persons.<br>All actuation components, including remote<br>manual pull stations, mechanical or electrical<br>devices, detectors, actuators, and fire-actuated<br>dampers, must be checked for proper operation<br>during the inspection in accordance with the<br>manufacturer's listed procedures. NFPA 96,<br>Standard for Ventilation Control and Fire<br>Protection of Commercial Cooking Operations.<br>19.3.2.6, 9.3<br><br>The facility failed to ensure the kitchen automatic<br>extinguishing system was installed and | K 069                                                                      | SVCC will consult with Fire<br>Extinguishing Systems, Inc. to ensure,<br>perform and train the staff on<br>interconnectivity between the kitchen<br>automatic fire extinguishing system<br>and the fire alarm system. SVCC staff<br>will test the interconnection annually.<br>The Quality Assurance Committee<br>will assign and maintain an annual<br>audit of the process for one year.<br>SVCC will correct the deficiency by<br>February 12, 2010. |  | 2-12-10                                                |

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| K 069                                                                | Continued From page 2<br>maintained in accordance with NFPA 96.<br><br>Records review determined the lack of<br>documentation to indicate the kitchen automatic<br>fire extinguishing system was interconnected to<br>the fire alarm system and had the interconnection<br>tested annually.                                                                                                                                                                          | K 069                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |
| K 147<br>SS=D                                                        | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance<br>with NFPA 70, National Electrical Code. 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the electrical wiring<br>was maintained in accordance with NFPA 70.<br><br>Observation determined an electrical junction box<br>had no cover. The junction box was located<br>above the corridor ceiling west of the smoke<br>barrier. | K 147                                                                      | SVCC will purchase and install a<br>cover for junction box located above<br>corridor ceiling west of the smoke<br>barrier. SVCC will perform an attic<br>inspection to indentify other affected<br>areas. SVCC will inspect the attic<br>junction boxes at least annually or<br>following any electrical work<br>performed in the facility. The Quality<br>Assurance Committee will assign and<br>maintain an annual audit of the<br>process for one year. SVCC will<br>correct the deficiency by February 12,<br>2010. |  | 2-12-10                                                |