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 _____	**01/11/2017**

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 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 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. The nursing facility was separated from an attached apartment building by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 291 SS=D	NFPA 101 Emergency Lighting 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 STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. 7.9.3 The facility failed to ensure emergency lighting of at least 1 1/2-hour duration. 1) Review of records indicated the facility failed to conduct monthly 30-second and annual 1	K 291	Preparation and execution of this response and plan of correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the 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 allegations that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction	2/25/17

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

Electronically Signed | 01/27/2017

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K 291	Continued From page 1 1/2-hour tests on the emergency battery pack light in the Mechanical Room that housed the transfer switch for the emergency generator. 2) The battery pack emergency light in the Mechanical Room housing the transfer switch failed to illuminate when tested. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) battery pack emergency lights in the building.	K 291	constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual. 1. The facility has conducted the monthly 30 second and annual 1.5 hour tests on its emergency battery pack to be in compliance. 2. The facility has replaced the battery pack emergency light and has ensured it illuminates when re-tested. 3. Maintenance or designee will track monthly and annual test through TELS to ensure compliance of battery packs. 4. QA committee will review monthly TELS tasks to ensure compliance.	
K 347 SS=D	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors in the East Wing corridor near Room 215 and in the	K 347	1. The facility has moved two smoke detectors. One by room 215 and the other by west wing bathroom to make sure we are in compliance of more than 3 feet from any air supply diffuser or vent. 2. Two, of the numerous, smoke detectors in the facility were affected by this regulation. 3. Maintenance or designee will inspect	2/25/17

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K 347	Continued From page 2 East Wing Bathhouse were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	all smoke detectors to make sure they are in compliance to ensure safety of all air supply diffusers and supply vents. 4. QA committee will monitor smoke detector placement to ensure compliance.	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2 Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	1. The facility will complete a full risk assessment of the building completed to be in compliance. 2. The entire facility can be affected. 3. Administrator or designee will ensure qualified personnel will conduct and document a facility risk assessment of the buildings systems. The facility will ensure that the assessment will meet the building system design with category 1 through 4.	2/25/17

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K 901	Continued From page 3	K 901	4 QA committee will complete annual review of facility assessment to ensure compliance, or if there is a systematic change it will be reviewed to ensure compliance.	
K 918 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design	K 918		2/25/17

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K 918	Continued From page 4 consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency	K 918	1. On 1/26/17 the facility had Cummins come out and conduct load bank test to ensure the load is maintaining the minimum exhaust gas temp and that it is not less than 30% of the EPS nameplate KW rating. The generator is now in compliance. 2. One of one emergency generator is affected. 3. Maintenance or designee will ensure emergency generator is in compliance with NFPA 99 and NFPA 110. Facility has signed agreement with third party vendor, Cummins, to complete annual inspection of the generator to ensure load bank is completed. 4. QA committee will monitor compliance of emergency generator at monthly meetings.	

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K 918	Continued From page 5 generator was in compliance with NFPA 99 and NFPA 110. Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the diesel generator loaded the generator to at least 30% of the nameplate rating. Monthly load tests of the emergency generator consistently ran at 15-20% of nameplate rating. The facility did not perform an annual supplemental load exercise as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercises. Failure to inspect and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918		