| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355057 | A. BUILDING **01**<br>B. WING _____ | **09/27/2021** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PEMBILIER NURSING CENTER** | **500 DELANO AVE**<br>**WALHALLA, ND 58282** |

| (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 |
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| E 000 | Initial Comments<br><br>A recertification survey conducted on September 27, 2021 found Pembilier Nursing Center in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and 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.<br><br>The facility was located in a one-story building of Type V (000) construction surveyed using Chapter 19 Existing Health Care Occupancies. Two one-story additions of Type V (111) construction were attached to the south and east side of the existing building in 2018 and were separated from the existing building by walls having two-hour fire resistance ratings. The 2018 additions were surveyed using Chapter 18 New Health Care Occupancies. The entire facility 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.<br><br>A garage and assisted living apartments were attached to the southwest end of the facility. A two-hour fire rated wall assembly separated the facility from the adjoining garage and assisted living building. | K 000 | | |
| K 711 SS=D | Evacuation and Relocation Plan | K 711 | | 10/14/21 |

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

Electronically Signed | 10/14/2021

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 711 | Continued From page 1<br>CFR(s): NFPA 101<br><br>Evacuation and Relocation Plan<br>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.<br>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3<br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to provide a fire safety plan as required.<br><br>A written health care occupancy fire safety plan shall provide for the following:<br>(1) Use of alarms<br>(2) Transmission of alarms to fire department<br>(3) Emergency phone call to fire department<br>(4) Response to alarms<br>(5) Isolation of fire<br>(6) Evacuation of immediate area<br>(7) Evacuation of smoke compartment<br>(8) Preparation of floors and building for evacuation<br>(9) Extinguishment of fire<br>19.7.2.2<br><br>Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required. | K 711 | 1.The fire safety plan was reviewed and updated on October 12th, 2021 to include an addition to provide for a simulation of an emergency call to the local fire department.<br><br>2.The fire safety plan, fire drill policy and fire drill forms were updated on October 12th, 2021 to include an addition to provide for a simulation of an emergency call to the local fire department.<br><br>3.The maintenance supervisor, along with the Administrator will monitor the fire drill reports monthly to ensure all staff understand the new requirement and new procedure is included and being followed by all departments during active drills.<br><br>4.The maintenance supervisor will report | |

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| K 711 | Continued From page 2<br><br>Failure to provide a fire plan as required increases the risk of death or injury due to fire.<br><br>The deficiency affected the required fire safety plan for the entire facility. | K 711 | any issues of non-compliance to the Administrator immediately.<br><br>5.October 15th, 2021 | |
| K 712 SS=E | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.<br>19.7.1.4 through 19.7.1.7<br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to conduct fire drills as required.<br><br>Fire drill records review determined fire drills did not include the simulation of an emergency phone call to the fire department in the past year.<br><br>Failure to conduct fire drills as required increases the risk of death or injury due to fire.<br><br>The deficiency affected twelve (12) of twelve (12) drills in the past year. | K 712 | 1.The drill report was updated on October 12th, 2021 to include simulation of an emergency call to the local fire department.<br><br>2.All fire policies including the fire safety plan, fire drill policy and fire drill form were updated on October 12th, 2021 to include the change adding the simulation of an emergency call to local fire department.<br><br>3. The maintenance supervisor, along with the Administrator will monitor the fire drill reports monthly to ensure staff are | 10/14/21 |

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| K 712 | Continued From page 3 | K 712 | educated and completing the simulation to the local fire department.<br><br>4. The maintenance supervisor will report any issues of non-compliance to the Administrator immediately.<br><br>5. October 15th, 2021 | |