STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355070	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL LUTHERAN NURSING & REHABILITATION CENTER	**1515 2ND AVE WEST** **WILLISTON, ND 58801**

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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 four-story building of Type II (222) construction. One-story additions constructed in 1971 and 1974 were attached to the west wall of the original building. The 1971 addition was Type II (111) construction. The 1974 addition was Type II (000) construction. Other additions included a one-story activity area in 1982 of Type II (000) construction and a garage and van entrance in 1994 of Type II (000) construction. Attached to the 1982 activity addition was a Basic Care Facility of Type II (000) construction. The facility was protected with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.	K 345		9/29/17

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

Electronically Signed | 08/31/2017

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K 345	Continued From page 1 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.4.2.2 item 5(e), 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated: 1) The semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The most current fire alarm system batteries load voltage test was conducted on 04/07/2017 and the previous test was conducted on 09/06/2016, exceeding the required semiannual testing requirement. 2) Device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the following information, device type, address, location, and	K 345	K345-1 1. The semi-annual load voltage test of the sealed lead acid batteries will be completed within 6 months of annual test performed by independent contractor. 2. Any area in the skilled nursing facility has the potential to be affected. 3. Automatic reminders have been set up via e-mail 1 month prior to the date of the semi-annual test. Date load test needs to be completed will be posted in the fire system control panel. 4. The Maintenance Supervisor (or designee) will monitor and report semi-annual results of test to QA committee semi-annually. 5. September 29, 2017. K345-2 1. On August 25, 2017 AVI Systems completed annual fire alarm test which included device type, address, location, and test results. 2. Any area in the skilled nursing facility has the potential to be affected. 3. Annual fire alarm test results will be reviewed for device type, address, location, and test results by the Maintenance Supervisor and Administrator. 4. The Maintenance Supervisor (or	

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K 345	Continued From page 2 test result as required. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year and all initiating and notification devices. The fire alarm system serves the entire facility.	K 345	designee) will report annual fire alarm test results to the QA committee annually. Report to the QA committee will include device type, address, location, and test results. 5. September 29, 2017.	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. 19.3.4.5, 9.6.2.10.1.1, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity	K 347	K347 1. August 25, 2017 AVI Systems completed sensitivity testing of smoke detectors. 2. Any area of the skilled nursing facility has the potential to be affected. 3. Second year of sensitivity testing has been set up with AVI Systems for August 2018. 4. The results of the sensitivity testing will be reported to the QA Committee by the Maintenance Supervisor (or designee) annually for 2 consecutive years. 5. September 29, 2017.	9/29/17

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K 347	Continued From page 3 testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 09/26/2010. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 347		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced	K 351		9/29/17

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K 351	Continued From page 4 by: Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined: 1) One (1) sprinkler in the Receiving Room installed within 7 ft. of unit heaters was not high-temperature-rated. NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. 2) Two (2) sprinklers in the Receiving Room installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit heaters were not intermediate-temperature-rated. NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire.	K 351	K 351-1 1. Rapid Fire Protection (RFP) was here on August 16, 2017. High temperature rated (Blue) sprinkler head has been ordered and will be installed in the Receiving Room. 2. Any area of the skilled nursing facility that has a horizontal discharge unit heater has the potential to be affected. 3. All areas with horizontal discharge heaters have been checked. Sprinkler heads to be changed include bus garage (2 high and 3 intermediate temperature sprinklers), work shop (1 high and 3 intermediate temperature sprinklers), Old Penthouse (1 high and 3 intermediate temperature sprinklers), and basement under Activity Room (1 high and 2 intermediate temperature sprinklers). 4. The Maintenance Supervisor (or designee) will monitor newly installed horizontal discharge unit heaters for sprinklers in the high-temperature zone to be of the high-temperature classification, and sprinklers in the intermediate-temperature zone be of the intermediate-temperature classification. The newly installed horizontal discharge unit heaters location and sprinklers will be reported to the QA committee by the Maintenance Supervisor. 5. September 29, 2017. K351-2 1. Rapid Fire Protection (RFP) was on August 16, 2017. Intermediate-temperature rated (green)	

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K 351	Continued From page 5 The deficiency affected three (3) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	sprinkler heads have been ordered and will be installed in the Receiving Room. 2. Any area of the skilled nursing facility that has a horizontal discharge unit heater has the potential to be affected. 3. All areas with horizontal discharge heaters have been checked. Sprinkler heads to be changed include bus garage (2 high and 3 intermediate temperature sprinklers), work shop (1 high and 3 intermediate temperature sprinklers), Old Penthouse (1 high and 3 intermediate temperature sprinklers), and basement under Activity Room (1 high and 2 intermediate temperature sprinklers). 4. The Maintenance Supervisor (or designee) will monitor newly installed horizontal discharge unit heaters for sprinklers in the high-temperature zone to be of the high-temperature classification, and sprinklers in the intermediate-temperature zone be of the intermediate-temperature classification. The newly installed horizontal discharge unit heaters location and sprinklers will be reported to the QA committee by the Maintenance Supervisor. 5. September 29, 2017.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are	K 353		9/29/17

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K 353	Continued From page 6 maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. 1) Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in	K 353	K353-1 1. Maintenance Supervisor has completed check of the control valves, pressure gauges and system pressures on August 21, 2017. All are within normal operating parameters. 2. Any area in the skilled nursing facility has the potential to be affected. 3. Sprinkler suppression system inspection log for monthly checks implemented. 4. The Maintenance Supervisor (or designee) will monitor monthly and report results to the QA committee monthly. 5. September 29, 2017. K353-2 1. Rapid Fire Protection was in on August 16, 2017 and sprinkler for the south walk-in freezer in the kitchen has been ordered and will be installed. 2. Any area in the skilled nursing facility has the potential to be affected. 3. Sprinkler suppression system	

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K 353	Continued From page 7 the correct orientation. NFPA 25, 5.2.1.1.1 Observation determined the north sprinkler in the south walk-in freezer in the Kitchen had lost the fluid from the glass bulb. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	inspection log for monthly checks implemented. 4. The Maintenance Supervisor (or designee) will monitor sprinkler suppression system monthly and report results to the QA committee monthly. 5. September 29,2017.	
K 711 SS=F	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 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 This REQUIREMENT is not met as evidenced by: A written health care occupancy fire safety plan shall provide for all of the following: (1) Use of alarms (2) Transmission of alarms to fire department (3) Emergency phone call to fire department (4) Response to alarms	K 711	1. Reviewed and revised monthly fire drill reports to now include a simulated phone call to 911. 2. Any area of the skilled nursing facility has the potential to be affected. 3. All staff will be educated at department	9/29/17

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K 711	Continued From page 8 (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire 19.7.2.2 The facility failed to provide a fire safety plan as required. Observation and policy review determined the fire safety plan did not provide for the emergency phone call to fire department as required. Failure to provide a fire plan as required increases the risk of death or injury due to fire. The deficiency affected one (1) of nine (9) required fire safety plan provisions for the facility.	K 711	meetings and at "All Staff" the month of September. Policy and procedure for fire drills was reviewed with revisions completed to include the simulated phone call to 911. 4. The Maintenance Supervisor (or designee) will monitor fire drill reports monthly for simulated phone call to 911. Results of monitoring will be reported to the QA committee monthly by the Maintenance Supervisor. 5. September 29, 2017.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. 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 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 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7	K 712		9/29/17

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K 712	Continued From page 9 This REQUIREMENT is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at11:15 am, 10:40 am, 10:30 am and 1:30 pm. 2) The last four (4) fire drills for the PM shift occurred at 4:00 pm, 1:15 pm, 2:30 pm and 2:30 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Five (5) fire drills in the past year all occurred at times within 45 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	1. The maintenance department staff have been re-educated to complete fire drills at varied times throughout each shift. 2. Any part of the skilled nursing facility has the potential to be affected. 3. Time log developed to monitor times of each fire drill completed. 4. The Maintenance Supervisor (or designee) will monitor monthly fire drill reports and time log for time variance of greater than 1 hour for each shift. Results of the monitoring will be reported to the QA Committee monthly by the Maintenance Supervisor. 5. September 29, 2017.	