| 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**<br>B. WING _____ | **07/30/2019** |

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

| (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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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>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.<br><br>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.<br><br>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 347 SS=D | Smoke Detection<br>CFR(s): NFPA 101<br><br>Smoke Detection<br>2012 EXISTING<br>Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1.<br>19.3.4.5.2<br>This REQUIREMENT is not met as evidenced by:<br>In spaces served by air-handling systems, | K 347 | 1. The smoke detectors located in | 9/10/19 |

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

Electronically Signed | 08/15/2019

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| K 347 | Continued From page 1<br>detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. 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, A.17.7.4.1<br><br>The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code.<br><br>Observation determined:<br><br>1) The smoke detector in the 3rd Floor Soiled Utility Room was installed within 36 in. of a return air opening.<br><br>2) The smoke detector in the Harmony Square Janitor Room was installed within 36 in. of a return air opening.<br><br>Failure to install the smoke detection system as required increases the risk of death or injury due to fire.<br><br>This deficiency affected two (2) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility. | K 347 | Horizon Towers 3rd floor soiled utility room and Harmony Square Janitor room will be moved to a greater distance of 36 inches of a return air opening.<br>2. Any area of the skilled nursing facility has the potential to be affected.<br>3. All smoked detectors in the facility have been inspected on August 3rd and 4th, 2019. One additional smoke detector was found within 36 inches of a return air opening. This smoke detector will be moved to a greater distance of 36 inches.<br>4. The Maintenance Supervisor (or designee) will monitor newly installed smoke detectors to assure when installed there is 36 inches distance from an air supply diffuser or return air opening. The newly installed smoke detectors will be report to the QA committee by the Maintenance Supervisor (or designee).<br>5. September 10, 2019. | |
| K 511<br>SS=F | Utilities - Gas and Electric<br>CFR(s): NFPA 101<br><br>Utilities - Gas and Electric<br>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. | K 511 | | 9/10/19 |

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| K 511 | Continued From page 2<br>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5)<br><br>The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code.<br><br>Observation determined:<br><br>1) One (1) electrical receptacle in the 2nd Floor Clean Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected.<br><br>2) One (1) electrical receptacle in the 2nd Floor Soiled Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected.<br><br>3) One (1) electrical receptacle in the 3rd Floor Soiled Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected.<br><br>4) One (1) electrical receptacle in the Wheatland Square Conference Room within 6 ft. of a sink | K 511 | 1. The electrical receptacle in the Horizon Tower 2nd floor clean utility room, Horizon Tower 2nd floor soiled utility room, Horizon Tower 3rd floor soiled utility room, Wheatland Square conference room, and Harmony Square conference room will have ground-fault circuit-interrupters installed. Triangle electric has been schedule for the week of August 26, 2019 to place a breaker for the kitchen outlets.<br>2. All areas of the skilled nursing facility have the potential to be affected.<br>3. All electrical outlets of the skilled nursing facility have been inspected. Horizon Towers/Legacy/Wheatland/Pineview kitchenettes were noted to not have ground-fault circuit interrupters and Horizon Tower 4th floor soiled utility room. Ground-fault circuit-interrupter will be placed in Horizon Tower 4th floor soiled utility room. Triangle electric will place a breaker for the Horizon Tower/Legacy/Wheatland/Pineview kitchenettes the week of August 26, 2019.<br>4. The Maintenance Supervisor (or designee) will monitor newly installed electrical outlets in bathrooms, kitchens and where receptacles are within 6 feet of the outside edge of the sink will have | |

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| K 511 | Continued From page 3<br>was not ground-fault circuit-interrupter protected.<br><br>5) One (1) electrical receptacle in the Harmony Square Conference Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected.<br><br>6) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected.<br><br>Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire.<br><br>The deficiency affected numerous electrical receptacles in the facility. | K 511 | ground-fault circuit-interpreter's. The newly installed electrical outlets will be reported to the QA committee by the Maintenance Supervisor (or designee).<br>5. September 10, 2019 | |
| K 918<br>SS=F | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>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.<br>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 | K 918 | | 8/2/19 |

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| K 918 | Continued From page 4<br>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, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.<br>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110.<br><br>Record review and interview with staff determined the emergency generator was not exercised under load for 4 continuous hours in the past 36 months.<br><br>Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility. | K 918 | 1. The emergency generator was exercised under load for 4 continuous hours on August 2, 2019.<br>2. All areas of the skilled nursing facility have the potential to be affected.<br>3. Maintenance staff have been educated on how to complete the continuous 4 hour under load test of the emergency generator and to complete this test every 36 months.<br>4. Maintenance Supervisor has developed a monitoring tool to include the every 36 month continuous 4 hour emergency generator check. The Maintenance Supervisor (or designee) will conduct the every 36 month continuous 4 hour emergency generator check and report to the QA committee the results.<br>5. August 2, 2019. | |