STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355080	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **07/28/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNSEITH COM NURSING HOME	**15 1ST ST NE PO BOX 669, DUNSEITH, North Dakota, 58329**

(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
K0000 Bldg. 01	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 with a partial basement. The building was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The fire rated doors at the lower level of each stair enclosure provided the fire separation between the basement and the main floor for the stair openings.	K0000		08/02/2026
K0345 SS = F Bldg. 01	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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. 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	K0345	The heat detector will be replaced, the fire alarm batteries will be replaced in accordance with NFPA 72.14.2.1.2.2. The entire Facility has the potential risk to be affected by the deficient practice. The Maintenance supervisor will ensure that heat detectors and fire alarm batteries are replaced in accordance with NFPA 72.14.2.1.2.2 and the documentation will be included in the safety rounds documentation. The documentation with the date when the heat detectors are replaced along with the fire alarm batteries will be reviewed monthly on the safety round documentation.	08/12/2026

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 reverse for further 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.

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

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K0345 SS = F Bldg. 01	Continued from page 1 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 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 Record review of the fire alarm system annual test conducted on 06/25/2026 by an outside company and interview with staff determined: 1) The heat detector in the Boiler Room failed due to age and had not been replaced at the time of the survey. 2) The fire alarm batteries failed due to age and had not been replaced at the time of the survey. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected the complete fire alarm system, which serves the entire building.	K0345		08/12/2026
K0353 SS = F Bldg. 01	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 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	K0353	1. The facility failed to ensure the automatic sprinkler system was inspected during all months in the past year. The facility failed to complete monthly and quarterly inspections in the past year. The facility failed to complete quarterly flow tests of the automatic sprinkler system as required. The facility will complete automatic sprinkler inspections as required. The facility will complete a quarterly flow test of the automatic sprinkler as required. The facility will ensure that the sprinkler system is maintained, inspected and tested as required. The entire facility has the potential to be affected by this deficient practice. The maintenance department will ensure that the inspections is completed and documented as required. The inspections will be on the safety inspection report monthly and reviewed by the DCNH	08/26/2026

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K0353 SS = F Bldg. 01	Continued from page 2 any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. 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, 4.1.4.1 Record review and interview with staff determined: 1) The control valves and gauges of the automatic sprinkler system had not been inspected during all months in the past year. 2) Quarterly flow tests of the automatic sprinkler system were not completed as required. An outside vendor completed an annual inspection on 08/26/2025. No other documentation was available indicating a flow test had been completed in the past year. 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.	K0353	Continued from page 2 Administrator.	08/26/2026
K0918 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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	K0918	Fuel Quality test was not completed annually using approved ASTM standards. The entire facility has the potential risk to be affected by this deficient practice. The Maintenance supervisor will ensure that the annual fuel quality test is completed as required.	09/11/2026

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K0918 SS = F Bldg. 01	Continued from page 3 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, 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. 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: The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. A fuel quality test shall be performed at least annually using tests approved by ASTM standards. NFPA 110, 8.3.8 Record review and interview with staff determined the annual fuel quality test of the diesel generator was not performed as required. No documentation was available indicating an annual fuel quality test had been completed in the past year. 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. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K0918	Continued from page 3 The required annual documentation will be included in the monthly safety round sheets when the annual inspection is due. The results with the fuel quality test documentation will be reviewed by the DCNH Administrator after each annual test. This will be reviewed at the quarterly QAPI meeting.	09/11/2026

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K0921 SS = F Bldg. 01	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: The facility failed to test all Patient-Care Related Electrical Equipment (PCREE) in use throughout the facility. Record review and interview with staff determined no testing of electric resident beds in use throughout the facility was completed, as required by NFPA 99, Health Care Facilities Code. Failure to inspect, test and maintain Patient-Care Related Electrical Equipment (PCREE) in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected all electric resident beds in use throughout the facility.	K0921	The facility failed to conduct testing on all patient care related electrical equipment in use throughout the facility. Testing of electric resident beds in use throughout the facility will be completed as required. The entire facility has the potential risk to be affected by this deficient practice. The Maintenance supervisor will conduct testing before any resident beds are put into use and after any repairs or modifications. The testing will be added to the monthly safety sheets and reviewed monthly by the DCNH Administrator upon report completion.	08/26/2026

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K0712 SS = E Bldg. 01	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 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. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined all fire drills did not include the simulation of an emergency phone call to the fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected nine (9) of twelve (12) required drills in the past year.	K0712	The facility failed to conduct simulated fire drills as required. The entire facility has the potential to be affected by this deficient practice. Simulated fire drills will be held monthly as required under varying conditions and each shift quarterly. The staff will be in-serviced on the procedure and will be aware that the drills are part of an established routine and requirement. Fire drills will be added to the monthly safety rounds inspection form and addressed at the DCNH QAPI meeting. The drill documentation will be included in the monthly safety round documentation and will be given to the DCNH administrator for monthly review. QA meetings will be conducted quarterly as required	08/12/2026
K0347 SS = D Bldg. 01	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 STANDARD is NOT MET as evidenced by: The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. 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	K0347	The Maintenance Supervisor will ensure that all smoke detectors that require maintenance services will be completed. The entire facility has the potential to be affected by this deficient practice. Smoke detectors will tested monthly and will be serviced as needed. 4.The results of the inspections will be added to the monthly safety sheets and reviewed by the DCNH administrator monthly. administrator will sign off the safety sheets for review monthly.	08/12/2026

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K0347 SS = D Bldg. 01	Continued from page 6 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 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 Record review of the fire alarm system annual test conducted on 06/25/2026 by an outside company and interview with staff determined: 1) The smoke detector in the corridor by Room 110 failed and had not been replaced at the time of the survey. 2) The smoke detector in the corridor by Room 116 failed and had not been replaced at the time of the survey. 3) The smoke detector in the Basement Office Storage Room failed and had not been replaced at the time of the survey. Failure to maintain the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected three (3) of numerous smoke detectors in the facility.	K0347		08/12/2026

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E0000	Initial Comments A recertification survey conducted on 07/28/2026 found Dunseith Com Nursing Home in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		08/02/2026

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