STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355050	A. BUILDING **02 - MAPLE MANOR CARE CENTER** B. WING _____	**03/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MANOR CARE CENTER	**1116 9TH AVE** **LANGDON, ND 58249**

(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 (111) construction. The building had a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall having a two-hour fire resistance rating was located between the independent living apartments attached to the south and the Maple Manor business occupancy attached to the north and west side of the Maple Manor Care Center. The Activity Room and Chapel were constructed and attached to the original nursing facility in 1997. The Activity Room and the Chapel were of Type II (111) construction with automatic sprinklers installed during the 2010 building project. The Activity Room and Chapel were included as areas used by residents during this survey.	K 000		
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	K 353		3/19/18

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

Electronically Signed | 03/29/2018

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 353	Continued From page 1 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 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 All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. NFPA 25, 13.6.2.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by	K 353	1) Maple Manor's internal QA program identified that the inspection had not been accomplished. The service provider was contacted immediately, inspection was scheduled, and accomplished prior to this survey. 2) None. There is a single central fire sprinkler backflow prevention system location. 3) The service provider has been contacted and Maple Manor has been added to their recurring inspection schedule for accomplishment each June. The preventative maintenance program has been modified. It now includes initiation of a preventive maintenance action that the service provider is contacted 2 months prior to the inspection schedule date to verify that Maple Manor is on the schedule for inspection. The date is set for the 2nd Thursday in April. 4) A quality assurance check has been	

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K 353	Continued From page 2 NFPA 25. Record review determined: 1) The annual test of the automatic sprinkler system was not performed as required. The most current automatic sprinkler system annual test was conducted on 08/29/2017 and the previous test was conducted on 06/24/2016, exceeding the required annual testing requirement. 2) The annual test of the back flow preventer was not performed as required. The most current back flow preventer annual test was conducted on 08/29/2017 and the previous test was conducted on 06/24/2016, exceeding the required annual testing requirement. 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	added to the QA program to initiate an inspection in April to follow up with maintenance to assure inspection scheduling is current. 5)The maintenance and testing of the automatic sprinkler and backflow prevention systems was completed 8-29-17.	
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 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	K 712		3/29/18

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K 712	Continued From page 3 audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. When drills are conducted between 9:00pm and 6:00am, a coded announcement shall be permitted to be used instead of audible alarms. Drills shall be held at expected and unexpected times and under varying conditions to simulate the unusual conditions that can occur in an actual emergency. A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 19.7.1, 19.7.1.4, 19.7.1.6, 19.7.1.7, 4.7.4, 4.7.6 Fire drill records review determined the last five (5) fire drills for the PM shift occurred at 4:20 pm, 4:45 pm, 4:24 pm, 3:02 pm and 4:18 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Four (4) fire drills in the past year all occurred at times within 27 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 four (4) of sixteen (16) drills in the past year.	K 712	1) The preventive maintenance program has been modified to include a monthly task of checking records and performance of fire drills. The PM instruction gives adequate detailed guidance to preform drills at unexpected times and under varying conditions that can occur in actual emergency events. a written record of the drill will be completed and maintained in the facility fire drill file. 2) None. There is a single fire drill program which includes the entire facility. 3) The Preventive Maintenance program has been modified to include a monthly task of checking records and performance of fire drills. The fire drill policy as been revised to include more detailed guidance on accordance with the life safety code requirements. 4) A quality assurance check has been added to the QA program to initiate an inspection quarterly for 1 year to review fire drill records for proper compliance with the Maple Manor fire drill policy and life safety code requirements.	