

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - PRAIRIE VIEW CARE CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 SOUTH FIRST AVENUE POST OFFICE BOX 66 WOONSOCKET, SD 57385	
(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 Stories: 1 Construction: Type V(111) Constructed: 1970, 2012 addition K0180: Fully Sprinkled Certified Beds: 52 Capacity: 52 Census: 49	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect corridors openings as required.	K 018	Correction to Example: We ordered the parts 4-22-15 to install Latching hardware on the smoke compartment/corridor doors going into the dining room so the doors will close and latch. System Correction: Maintenance Supervisor will ensure that all other smoke compartments are within code compliance. Monitoring: Maintenance Supervisor/designee will do a visual inspection and will be performed monthly. Maintenance Supervisor will bring to our Quarterly QA upon completion.	5-12-15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Trusty J. J.

TITLE

Acting Admin

(X6) DATE

4-22-15

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 018	Continued From page 1 Findings include: On 4/7/15 the kitchen was not separated from the corridor as required. Two serving openings in the wall to the kitchen area cased the kitchen to not be separated from the corridor. The Maintenance Supervisor was present when the deficiency was identified. Failure to increases the risk of death or injury due to fire. The deficiency affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101 Section 19.3.6.1 exception No. 1 (a), 19.3.2.6; Ref: S&C 12-21-LSC, 2012 NFPA 101 Section 19.3.2.5.5	K 018		
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by:	K 027	Correction to Example: Self-closure on the door to the activity room was put on 4-20-15 to provide smoke barrier doors as required. System correction: Maintenance supervisor will check all smoke corridors to ensure that they are smoke barrier doors as required. Monitoring: Maintenance supervisor/designee is	

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K 027	Continued From page 2 Based on observation and interview, the facility failed to provide smoke barrier doors as required. Findings include: On 4/7/15 the following smoke barrier doors were not self-closing as required. · Activity room door- self closing device disabled. The Maintenance Supervisor was present when the deficiency was identified. Failure to provide smoke barrier doors as required increases the risk of death or injury due to fire. The deficiency affected 1 of 2 smoke barriers. Ref: 2000 NFPA 101 Section 19.3.7.6 NFPA 101 LIFE SAFETY CODE STANDARD	K 027	responsible for checking smoke barrier doors to ensure that the automatic self-closure is intact 3X per week X 1 month, then weekly X1 month, and then twice monthly. Maintenance Supervisor will bring to QA quarterly and will continue to monitor until QA committee feels it is appropriate to discontinue auditing.	4-30-15
K 029 SS=D	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by:	K 029	Correction to Example: Removed combustible items that was being stored in storage area 4-21-15 System correction: Storage area only to contain wheel chairs, walker, lifts and other non- combustible items. Sign put up in storage area regarding no combustible items on 4-21-15. All staff will be educated at the monthly staff meeting on 4-28-15.	

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K 029	Continued From page 3 Based on observation and interview, the facility failed to protect hazardous areas as required. Findings include: On 4/7/15, the following storage areas were not separated from all other areas as required. Storage areas greater than 50 square feet in area are considered hazardous areas and are required to be separated from all other spaces by smoke resisting partitions and doors where sprinklers are present. Sprinklers were present. 6.5 x 11ft = 65sf storage alcove across from activities room- open to corridor The Maintenance Supervisor was present when the deficiency was identified. Failure to protect hazardous areas as required increases the risk of death or injury due to fire. The deficiency affected 1 of 3 smoke compartments. Ref: 2000 NFPA 101 section 19.3.2.1(7)	K 029	Monitoring: Maintenance Supervisor or designee will check storage area 4X per week X 1 month, then 2X per week X1 month, then weekly X 1 month. Maintenance Supervisor will bring to QA quarterly until QA committee feels it is appropriate to discontinue auditing.	4-21-15	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress as required.	K 038	Correction to Example: Pad lock removed from outside fence 4-21-15. System Correction: Maintenance supervisor will ensure that exits are readily accessible at all times. Staff informed of removal of pad lock and educated on 4-21-15. Monitoring:		

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K 038	Continued From page 4 Findings include: On 4/7/15 the exit discharge from doors marked as exits at the following locations were not free from all obstructions and impediments to full instant use in case of fire or other emergency as required. Gate was locked at north exit discharge serving rooms 201-206 non clinical needs residents. The Maintenance Supervisor was present when the deficiency was identified. Failure to increases the risk of death or injury due to fire. The deficiency affected 1 of 4 exits. Ref: 2000 NFPA 101 Section 19.2.1, 7.7.4 Ref: 2000 NFPA 101 Section 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4	K 038	Maintenance supervisor or designee will check door 3X per week X 1 month, then 1X per week X 1 month, then twice monthly X 1 month. Maintenance supervisor will report to the QA quarterly until the committee feels it is appropriate to discontinue auditing.	4-21-15
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	Correction to Example: Building Sprinkler INC. was contacted and gave an estimate to correct the 5ft overhangs on the dining room. System Correction: Sprinkler system will be installed by Building Sprinkler INC. and completed by 4-22-	

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K 056	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install automatic fire sprinklers as required. Findings include: On 4/7/15 exterior roofs of combustible construction exceeding four (4) feet in width were not protected with automatic fire sprinklers as required. • Dining room both sides- 5 foot width The Maintenance Supervisor was present when the deficiency was identified. Failure to increases the risk of death or injury due to fire. The deficiency affected a limited area requiring sprinkler protection. Ref: 2000 NFPA 101 Section 19.1.6.2, 19.3.5.1, 9.7; 1999 NFPA 13 Section 5-13.8.1 NFPA 101 LIFE SAFETY CODE STANDARD	K 056	2015. Maintenance supervisor will ensure that the sprinkler system is installed to satisfy code. Monitoring: Maintenance supervisor will do a visual inspection monthly. Maintenance supervisor will bring to quarterly QA upon completion.	4-22-15	
K 062 SS=D	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by:	K 062	Correction to Example: Cannot correct tag due to time passed. System Correction: Building Sprinkler INC. has been contacted and will add backflow testing to annual inspection. Backflow test was completed on 4-8-15.		

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K 062	<p>Continued From page 6</p> <p>Based on observation and interview, the facility failed to test the automatic sprinkler system as required.</p> <p>Findings include:</p> <p>On 4/7/15 there was no record of the required annual test of the backflow preventer.</p> <p>The Maintenance Supervisor was present when the deficiency was identified.</p> <p>Failure to increase the risk of death or injury due to fire.</p> <p>The deficiency affected one of numerous required tests of the automatic fire sprinkler system in the past year.</p> <p>Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2</p>	K 062	<p>Monitoring:</p> <p>Maintenance supervisor will add backflow testing to his preventive annual log. He will also ensure we have proper documentation of annual backflow testing. Maintenance supervisor will bring this to our quarterly QA meeting.</p>	4-8-15