STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355085	A. BUILDING 01 - MAIN BUILDING 01 B. WING	R 03/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIM CARE CENTER	353A UNIVERSITY DR S FARGO, ND 58104

(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 The revisit to this survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility was located in a one-story building of Type V (000) construction with a partial basement. The building had a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire resistance rated barrier provides separation to an assisted living building that is attached to the east side of the Elim Care Center. Note: The facility is currently undergoing a major remodel. This Life Safety Code survey has identified several deficiencies due to construction. It is the facility's responsibility to ensure the construction contractors maintain as much of the building's life safety components as possible throughout the remodeling.	{K 000}		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may	K 017	**1. Completed walk through with contractors for all locations. New penetrations of conduit and low voltage wiring, and pipe penetrations have been sealed.** **2. Elim will continue to survey all areas during construction.** **3. Elim will continue to educate contractors as they enter site, and continue to monitor them.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
T Hage	Administrato	3-20-12

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 017	Continued From page 1 be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The facility failed to ensure corridors were separated from use areas by walls constructed with at least a ½-hour fire resistance rating. Observation determined the corridor walls were not maintained with a ½-hour fire resistance rating. Several electrical conduit, low-voltage wiring, and pipe penetrations were not sealed to meet a UL fire rated assembly in the 100 North and 200 East corridor walls.	K 017	4. Elim will conduct weekly inspections of all construction areas during construction. 5. Correction date	03/31/12
K 018 SS=E	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 1¾ 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.	K 018	1. A) Doors have been installed. B) Latching hardware has been installed. 2. Doors will be installed before temporary firewalls come down for any new construction. 3. Continue to educate contractors as they enter site. 4. Elim will conduct weekly inspections of all construction areas during construction. 5. All doors and hardware were installed.	03/15/12

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the corridor doors were constructed of 1 ¾-in. thick, solid-bonded core wood, resisted the passage of smoke, and were provided with hardware to keep the door closed. Observation determined: 1) The corridor doors to the 100 North Soiled Utility Room, 100 North Shower Room, New Conference Room, New Administration Office and the Dining Room by the new addition were not installed at the time of the Life Safety Code survey. 2) The latching hardware was not installed on the corridor doors to the 100 North Closet, new Mechanical Room in the Activity Room and the corridor doors in the new addition.	K 018		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct	K 025	**1. Comstock Construction Inc. has been contracted to complete all smoke/fire barriers.** **2. We have employed contractors to examine and bring up to current code all smoke/fire barriers in the building.** **3. Continue to monitor new changes to building and fire codes and update as necessary.**	

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K 025	Continued From page 3 penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure five (5) of five (5) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined the smoke barriers throughout the facility had holes and air duct, electrical conduit, pipe and low-voltage wiring penetrations that were not sealed with fire rated material.	K 025	4. Elim will continue ongoing inspections of building to ensure that it meets codes during construction. 5. All smoke/fire barriers will be completed by 6/01/12. We are requesting an extension until this date. Please see letter of explanation which is attached.	6/01/12
K 028 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers provide a minimum clear width of 32 inches (81cm) for swinging or horizontal doors. Vision panels are of fire-rated glazing or wired glass panels and steel frames. 19.3.7.5, 19.3.7.7 This STANDARD is not met as evidenced by: The facility failed to install vision panels in three (3) new sets of smoke barrier doors . The three newly installed cross-corridor smoke barrier doors were not equipped with vision panels and the installation of the doors was not complete at the time of the Life Safety Code survey.	K 028	1. All new doors will have vision panels installed. 2. Elim will examine any new doors to be installed to ensure that they follow current codes. 3. Elim will continue to educate all contractors. 4. Elim will work closely with contractors on all new construction. 5. Vision panels were installed.	03/19/12
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029	1. Camera was installed.	

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K 029 SS=D	Continued From page 4 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: The facility failed to ensure the walls and ceiling that enclose one (1) of one (1) new hazardous area was at least one-hour fire rated. Observation determined the camera base penetration in the ceiling of the new Receiving Room was not sealed with fire rated material.	K 029	2. Elim will continue to monitor ares of construction. 3. Elim will educate contractors to the importance of not leaving penetrations exposed. 4. Elim will conduct weekly inspections of all new construction areas. 5. Camera and base were installed.	03/07/12
{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: The facility failed to provide exit corridors throughout the facility that were at least 8 ft in clear width. The intersection of 1st and 2nd Street	{K 038}	1. Contractors will remove temporary firewalls as soon as it is safe to do so. 2. Elim will continue to monitor all areas that contractors are performing work. 3. Elim will continue to educate contractors as they enter the site. 4. Elim will conduct weekly inspections of all new construction areas during construction. 5. All temporary firewalls were removed.	03/09/12

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{K 038}	Continued From page 5 corridors was restricted to approximately four feet in width by temporary walls that separated the area being remodeled from the occupied portions of the facility.	{K 038}		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	Elim was not aware that this light already was in compliance with code. It has a restrike bulb as a backup light source in the event of the main bulb burning out. See attached Info.	
	This STANDARD is not met as evidenced by: The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. Observation determined the exterior light fixture at the east exit of the new addition was a single bulb fixture.			
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1	K 048	1. Architect is supplying Elim with new smoke barrier map. Elim will update its evacuation plans. 2. Elim will continue to review all fire policies. 3. Elim will review fire policies on an annual basis.	
	This STANDARD is not met as evidenced by: The administration of health care facilities is to			

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K 048	Continued From page 6 develop and distribute to all supervisory personnel written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees are to be periodically instructed and kept informed with respect to their duties under the plan. 19.7.2. Review of policies/procedures indicated the facility failed to provide a written evacuation plan that indicates safe areas of refuge in the event of a fire.	K 048	4. Elim will continue to update staff on any changes to policy. 5. Correction will be in place by 6/1/12. We are requesting an extension to this date. Please see attached letter of explanation.	06/01/12
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	1. A) Smoke covers have been removed. B) Protection Systems has been notified to send test results to Elim. 2. Elim will continue to monitor all areas of new construction. 3. Elim will continue to educate all contractors as they enter site. 4. Elim will conduct weekly inspections of all areas under constructon. 5. Elim will have test results by 3/30/12.	03/30/12

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K 051	Continued From page 7 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was in compliance with NFPA 72, National Fire Alarm Code. 1) Observation determined the smoke detectors in the New Activity Room and the corridors throughout the new addition were equipped with dust covers. 2) Documentation of a final test to verify that the new and existing fire alarm signaling, initiating, and supervisory devises throughout the building were tied into the new fire alarm panel was not available for review.	K 051		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 1) Observation determined:	K 062	1. A) Temporary walls have been removed. B) Packing has been removed. C) Ceiling tiles have been installed. D) Copy of test results are submitted with this report. 2. Elim will continue to monitor all areas of new construction. 3. Elim will continue to educate all contractors as they enter site. 4. Elim will conduct weekly inspections of all areas under construction. 5. Completion date	03/20/12

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K 062	Continued From page 8 a) The corridor sprinklers by the new Southwest Nursing Station were obstructed by temporary walls. b) The shipping packaging was on the sprinkler below the east entrance canopy. c) Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, it delays the activation of the automatic fire sprinkler system. Suspended ceiling tiles were missing in rooms throughout the new addition and the 200 East Corridor. 2) Documentation of the underground flush test, above ground pipe test, and the initial test of the automatic sprinkler system was not available for review.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: The facility failed to install fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined that two (2) fire extinguishers were not installed in the newly installed fire extinguisher cabinets and the two (2)	K 064	**1. Cabinets have been labeled.** **2. Elim will continue to monitor all areas that contractors are performing work.** **3. Elim will continue to educate all contractors as they enter the site.** **4. Elim will conduct weekly inspections of all areas under construction.** **5. Completion date**	**03/07/12**

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K 064	Continued From page 9 fire extinguisher cabinets were not labeled.	K 064		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: All electrical splices and taps must be within approved electrical boxes. Unused cable or raceway openings in boxes and conduit bodies must be effectively closed to afford protection substantially equivalent to that of the wall of the box or conduit body. NEC 70, 370-16 The facility failed to ensure electrical wiring and electrical equipment complies with NFPA 70. Observation determined the electrical wiring in the 1st and 2nd Street corridor was not terminated in covered electrical boxes.	K 147	**1. Electricians completed the process of installing lights.** **2. Elim will continue to monitor all areas that contractors are performing work.** **3. Elim will continue to educate all contractors as they enter the site.** **4. Elim will conduct weekly inspections of all areas under construction.** **5. Completion date**	**03/22/12**