STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355055	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIM CARE CENTER	3534 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 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 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 had a wet and dry automatic sprinkler system designed to meet the requirements of the 1999 edition 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 assisted living building on the east side of the Elim Care Center.	K 000		
K 014 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: The facility failed to provide interior finish rating documentation for the materials used throughout the exit corridor system. Review of documentation determined the lack of documentation of the interior finish rating for the following: 1) Suspended ceiling tiles installed in the exit	K 014	1. Contacted contractor for proper documentation of fire resistance of materials in corridor. 2. Will review with contractor all materials that need documentation. 3. Will meet with all future contractors and make sure all new products are supplied for building have proper documentation. 4. Will review regularly that all new materials come with proper documentation. 5. Completion - Documentation attached.	7-23-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
[signature]	Administrator	7-23-12

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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	355085	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/05/2012

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K 014	Continued From page 1 corridor system. 2) Wainscoting applied to the lower portion of the walls of the front entrance lobby.	K 014		
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 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 smoke barriers were maintained to provide a smoke resisting barrier having at least a half-hour fire resistance rating. Observation determined the integrity of two (2) of four (4) smoke barriers was less than a half-hour fire resistance rating. 1) The Pod One smoke barrier had unsealed spaces around a conduit penetration of the smoke barrier above the smoke doors. 2) The 300 Wing smoke barrier had an unsealed space with wood visible on the north side above the smoke doors.	K 025	1. Had sub-contractor fill the remaining penetrations (2), and had the contractor complete the small corner of exposed wood to standard. 2. Continue to closely monitor all contractors as they perform work on the building. 3. Will educate all contractors on the importance of sealing all new penetrations as they work. 4. Will continue to examine all areas of contractor work. 5. All work completed.	07/06/12
K 046	NFPA 101 LIFE SAFETY CODE STANDARD	K 046		

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K 046 SS=D	Continued From page 2 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: The facility failed to ensure battery-powered emergency lighting was maintained in operable condition. Observation determined the battery-pack light in the Electrical Room had one bulb that failed to illuminate when tested.	K 046	1. Called JDP Electric on day of survey. JDP installed new light for warranty by 4 pm of 7/5/12. 2. The maintenance staff checks all emergency lighting on a monthly basis. 3. We will make sure that any additional lighting that get added will be added to our log book. 4. This would have been caught on our next check. We will continue to check all lighting on a monthly basis. 5. This was completed.	07/05/12
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 This STANDARD is not met as evidenced by: The facility failed to ensure sprinklers were installed the minimum distance apart to provide complete coverage for all portions of the building. NFPA 13.	K 056	1. Simplex removed the extra sprinkler head. 2. A wall was moved during construction that exposed the extra sprinkler head. We will monitor all construction changes in the future for proper sprinkler coverage. 3. We will educate all contractors to the importance of maintaining proper sprinkler coverage in remodeling projects. 4. Maintenance will monitor all remodeling projects to be sure that proper sprinkler coverage is maintained. 5. Completed.	07/23/12

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K 056	Continued From page 3 Observation determined two (2) existing sprinklers were located with spacing less than six (6) feet on center in the Laundry. Sprinklers must be spaced not less than 6 ft. on center.	K 056		
K 064 SS=F	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 owner or occupant of a property in which fire extinguishers are provided for the protection of the structure and the hazardous combustible contents, must give proper attention to the inspection, maintenance and recharging of the fire protection equipment. NFPA 10, Standard for Portable Fire Extinguishers. The facility failed to inspect the portable fire extinguishers located in the facility on a monthly basis. Observation showed the inspection tag on all of the extinguishers had not been initialed to indicate a monthly inspection during June 2012.	K 064	1. Reviewed with staff all new locations of extra fire extinguishers. 2. We have done a walk through of all new construction areas to notate all new extinguishers. 3. Continue monitor all new construction phases for additional extinguishers and add to our master list. 4. Continue to update extinguisher list as new extinguishers are added. Maintain and check our monthly examination of all extinguishers. 5. Completed.	07/05/1
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	Attached documentation shows that Elim was in compliance at the time of the inspection. Documentation was not produced at that time.	

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K 067	Continued From page 4 This STANDARD is not met as evidenced by: The facility failed to ensure an acceptance test was performed on newly installed smoke and fire dampers to confirm that they function when needed in order to restrict the spread of fire and smoke. NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems, 1999 Edition. 1) Records review determined the lack of documentation of the acceptance testing of newly installed fire dampers and smoke dampers. Records must be maintained on acceptance test results and shall be available for inspection. 2) Observation and discussion with Maintenance Staff determined adequate access panels were not provided to access, service and test sixteen (16) newly installed fusible link fire dampers in the Fifth Avenue Wing corridor walls. A service opening must be provided in air ducts adjacent to each fire damper, smoke damper, and smoke detector. The opening must be large enough to permit maintenance and resetting of the device. The access openings should be checked for proper location, function, and size during the acceptance testing. NFPA 90A 2-3.4.	K 067		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: The facility failed to ensure the kitchen automatic extinguishing system was inspected and	K 069	1. Attached documentation shows Elim was in compliance at the time of inspection. See report from Nardini .	

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K 069	Continued From page 5 maintained in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 19.3.2.6, 9.3 An inspection and servicing of the kitchen fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system must be made at least every 6 months by properly trained and qualified persons. All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, must be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. Records review determined the facility had no documentation that would indicate the kitchen fire-extinguishing system was inspected and serviced in the past twelve (12) months.	K 069		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly and monthly basis.	K 144	1. We had our new generator started in May of 2012. We did not have the proper procedures in place for testing the new generator. We have been instructed on the proper weekly and monthly procedures for checking the generator. 2. We will continue to monitor facility for new equipment that requires updating existing procedures. 3. Will have continue to update and amend policies and procedures on an annual basis. 4. The maintenance staff will inspect weekly and monthly the generator, and log all results. 5. Completed.	07/05/12

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K 144	Continued From page 6 Review of generator test records could not verify that weekly and monthly inspections were done during May and June 2012.	K 144		
K 147 SS=F	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: The facility failed to ensure the electrical wiring was maintained in accordance with NFPA 70, National Electrical Code. Observation determined: 1) Two (2) power strips were in use in place of permanent wiring to provide electricity to fans and soap manifolds in the Laundry. 2) Ground fault circuit interrupters (GFCIs) were not maintained in operable condition. Numerous GFCIs throughout the facility failed to trip when tested. 3) Testing of the ground fault circuit interrupter in the bathroom of Resident Room # 306 revealed improper wiring. The testing device indicated a "reverse ground/hot". This GFCI receptacle was replaced and assembled/wired appropriately prior to the exit by maintenance personnel.	K 147	1. Power strips have been removed. All GFCI that were identified have been replaced. 2. Elim will conduct monthly checks on all GFCIs and continue to monitor for misuse of power strips. 3. We will being a log book that tracks all GFCI testing. 4. We will monitor through the use of a log book the testing of GFCIs. 5. Completed	07/05/12