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	07/16/2014

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 18 New Health Care Occupancies and 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. In 2012, additions were added to the southeast side of the existing building and a new entryway and dining area to the First Street Wing. The additions were Type V (111) construction. 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. Note: The 2012 additions were surveyed using Chapter 18.	K 000	This plan of correction constitutes our written allegation of compliance for the deficiency cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 029	Fourth Street linen room does not have a door closer. 1. Installed door closer. 2. Other portions of building have been inspected. 3. Maintenance staff will ensure that any additions or changes to the building will be evaluated for the need of a door closer 4. Maintenance will monitor any changes in building to make sure that we are in compliance with NFPA requirements.	

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

T Hagen — Administrator — 7-24-14

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.

emailed 7-29-14

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 029	Continued From page 1 permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing and latching door assemblies. Observation determined the door to the Fourth Street Wing Linen Room (exceeding fifty (50) sq feet with a combustible load) did not have a self-closing device. The deficiency affected one (1) of fifteen (15) hazardous areas.	K 029	5. Completed	07/23/14
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 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 Code. 1) Smoke detectors should not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. NFPA 72 A-2-3.5.1 Observation determined that the smoke detectors	K 054	Two (2) smoke detectors too close to ceiling fans. Sensitivity test missing from yearly inspection report. 1. Called vendor to performed sensitivity test and moved two detectors on 7/24/14. 2. Other portions of building have been inspected. 3. Maintenance staff will ensure that any additions or changes to the building will be evaluated for the proper installation of smoke detectors. Vendor has been instructed to include sensitivity test on every yearly inspection report.	

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K 054	Continued From page 2 in the Cherish Lane Dining and Lounge Areas were located approximately one (1) foot from the ceiling fans. This deficiency affected two (2) of numerous smoke detectors in the facility. 2) 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 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. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. On 7/16/14, record review indicated the last sensitivity test of the smoke detectors was conducted on 6/05/2012 exceeding two years. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. The deficiency affected one (1) of numerous required tests of the smoke detection system. The deficiency affected the entire building.	K 054	4. Maintenance will monitor any changes in building to make sure that we are in compliance with NFPA requirements. 5. Completed.	07/24/14
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,	K 062	Missing annual sprinkler test.	

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K 062	Continued From page 3 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. On 7/16/14, record review and observation determined: 1) The last annual test of the automatic sprinkler system was conducted on 3/14/2013. The deficiency affected the entire building. 2) The sprinkler outside of the bathroom in Resident Room #402 was obstructed by a light fixture. The deficiency affected one (1) of numerous sprinklers in the facility. 3) The covers for the recessed sprinklers in Resident Rooms 303,420, and 424 were missing. The deficiency affected sprinkler protection in three (3) of ninety five (95) Resident Rooms.	K 062	1. Annual test of sprinkler system tested occurred on 7/22/14. Vendor putting together quote moving sprinkler head in room 402. Vendor putting together quote for replacing sprinkler heads in rooms 303, 420, and 424. 2. Other portions of building have been inspected. 3. Maintenace staff will ensure that any additions or changes to the building will be evaluated for the proper installation of future sprinkler heads. 4. Maintenance will monitor any changes in building to make sure that we are in compliance with NFPA requirements. 5. Will be complete by 8/30/14 pending schedule availability of vendor.	08/30/14