

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

PRINTED: 10/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2015
NAME OF PROVIDER OR SUPPLIER ELIM CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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			
K 038 SS=E	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: Doors are required to be arranged to be opened	K 038	1. Elim will replace all 3 of the existing	8/25/15	

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

TITLE

(X6) DATE

Electronically Signed

08/06/2015

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 038	Continued From page 1 readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2 The facility failed to ensure exit access was readily accessible at all times. Observation determined the following doors were equipped with locks or latches that required special knowledge and effort to operate from the egress side: 1) The south exit door from the Administration Wing was equipped with a magnetic lock and required entering a code into a keypad to release the lock. 2) The southwest exit door from the Fourth Street Wing was equipped with a magnetic lock and required entering a code into a keypad to release the lock. 3) The southeast exit door from the Fourth Street Wing was equipped with a magnetic lock and required entering a code into a keypad to release the lock. Failure to ensure the exit access was readily accessible at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of seven (7) smoke compartments in the facility.	K 038	Magnetic locks with New Schlage Delayed egress Magnetic locks that open with pressure in 15 seconds. 2. All other doors have been inspected. 3. Maintenance staff will ensure that any additions or changes to the building will include Delayed egress hardware. 4. Maintenance will monitor any changes in the building to make sure that we remain in compliance with the Life Safety code standard. 5. Magnetic locks have been ordered and all doors are scheduled to be complete by 8/21/15		