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 _____	09/21/2011

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 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	This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exits or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.	
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. Elim has instructed contractors to seal all wire and pipe penetrations with approved materials and to use approved temporary plugs in all penetrations that require additional wiring to run through. 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. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of all areas under construction.	11/2/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
T Hagen	Admin	10-27-11

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 1st and 2nd Street corridor walls.	K 017		
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: The facility failed to maintain a smoke resistive floor/ceiling assembly between the partial basement and the main floor. Observation determined that electrical conduit	K 020	1. Elim has instructed contractors to seal all wire and pipe penetrations with approved materials in the ceiling of the basement boiler room. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is November 2nd 2011 5. Elim will conduct weekly inspections of all areas under construction.	11/2/11

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K 020	Continued From page 2 and cable conduit penetrations through the ceiling of the basement Boiler Room were not sealed to assure the floor/ceiling assembly was smoke resistive.	K 020		
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 four (4) of four (4) 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 and low-voltage wiring penetrations that were not sealed with fire rated material.	K 025	1. Elim has instructed contractors to seal all holes, air ducts, electrical conduit and low-voltage wiring penetrations with approved materials in new construction areas of the building. 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. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of all areas under construction.	11/2/11
K 029 SS=E	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	K 029		

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K 029	Continued From page 3 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: 1) 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 electrical conduit penetrations in the ceiling and the north wall of the new Receiving Room were not sealed with fire rated material. 2) The facility failed to ensure doors to one (1) of one (1) hazardous area was rated for at least 45 minutes and was self-closing and positive latching. Observation determined the door to the new Receiving Room was not equipped with a 45 minute fire rated door assembly. 3) The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching doors. Observation determined that one (1) of six (6) hazardous areas was not equipped with a door that would self-close to the latched position. The temporary storage room located adjacent to the	K 029	1. Elim has instructed contractors to seal all wire and pipe penetrations with approved materials in the ceiling and north wall of the new receiving room. Also to install 45 minute self closing and positive latching doors in the hazardous areas and to have those doors equipped with a 45 minute door assembly. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of areas under construction.	11/2/11

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K 029	Continued From page 4 northeast Dining Room was not equipped with a self-closing door that would automatically latch into the door frame.	K 029		
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: The facility failed to provide exit corridors throughout the facility that were at least 8 ft in clear width. The 1st and 2nd Street corridors were 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	1. The temporary fire wall that divides the hallway will be removed by contractors as soon as the floor and roof are completed and the new sprinklers are operational. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of areas under construction.	11/2/11
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 This STANDARD is not met as evidenced by: The administration of health care facilities is to 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	K 048	1. Elim will review and revise our existing policies to indicate where our smoke and fire barriers are. 2. Elim will continue to update staff and residents of any changes of our policies and procedures. 3. Elim will conduct ongoing education of all smoke and fire policies through ongoing in-service training sessions. 4. Deficiency correction date is November 2 2011. 5. Elim will continue to review and revise policy and procedure manual.	11/2/11

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K 048	Continued From page 5 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		
K 051 SS=E	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 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	K 051	1. All obstructions of smoke detectors have been removed by contractors. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date was on September 22, 2011. 5. Elim will conduct weekly inspections of areas under construction.	09/22/11

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K 051	Continued From page 6 Alarm Code. Observation determined the smoke detectors in the 1st and 2nd Street corridors, the lower level corridors and above the fire alarm dialer were covered or removed even when construction was not occurring in the immediate area.	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. Observation determined: 1) The sprinklers in the 1st Street corridor were obstructed by electrical conduit and pipes or were removed. 2) Some of the sprinklers in the 1st Street corridor were removed and the pipe was plugged. 3) The sprinklers in the 2nd Street corridor were obstructed by electrical conduit and pipe. 4) The Second Street Storage Room was not	K 062	1. A) All first street sprinklers have been dropped to the final new ceiling height. B) All plugged sprinklers have been unplugged and dropped to the final new ceiling height. C) All sprinklers on Second Street have been dropped to the final new ceiling height. D) The second street storage room has had the sprinkler reinstalled. E) All holes have been patched on the 200 corridor. F) All Ceiling tiles on 200 wing and the front entrance have been replaced. G) Sidewall sprinklers have been added to give full sprinkler coverage of First Street. H) New suspended ceiling has been installed in room 118 and the sprinklers have been dropped to the new ceiling height. I) A two hour fire wall has been erected at the old hospice room. J) Director of Children's Center Office and Resident Rooms 414 and 415 have had escutcheon plates replaced.	

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K 062	Continued From page 7 protected by the sprinkler system. 5) The Second Street corridor ceiling had holes cut through the ceiling/roof membrane. The holes in the membrane ceiling would allow heat to rise above the sprinklers and delay activation. 6) The 200 Wing Utility Room, the 200 Wing corridor, and the Main Entrance were missing suspended ceiling tile (sprinkler activation delay). 7) Some areas of the 1st Street corridor were not protected by the sprinkler system due to the location of temporary walls between the occupied portions of the building and the areas under construction. 8) Properly installed sidewall sprinklers must be within 6 inches of the ceiling. The ceilings in Resident Room 118 have been removed and now the sidewall sprinklers were more than 6 inches below the ceiling. 9) The sprinklers have been removed in the Old Hospice Room. 10) The escutcheon plates were missing on the sprinklers in Director of Children's Center Office and Resident Rooms 414 and 415.	K 062	2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is September 30th 2011. 5. Elim will conduct weekly inspections of areas under construction.	9/30/11
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 Section 8.6.2 Temporary Separation	K 130		

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K 130	Continued From page 8 Walls. a) Protection shall be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls shall have at least a 1-hour fire resistance rating. c) Opening protection shall have at least a 45-minute fire protection rating. The facility failed to provide fire rated partitions between the occupied spaces and the construction areas. Observation determined that a one-hour fire rated partition with 45-minute fire rated doors was not provided between the portion of the 100/200 Wings that were currently being remodeled and the remainder of the occupied existing facility.	K 130	1.The temporary fire wall will be removed by contractors as soon as sprinklers are added to the other side, allowing existing 45 minute doors to fully function. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of areas under construction.	11/2/11
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 comply with NFPA 70.	K 147	1.The temporary fire wall will be removed by contractors as soon as sprinklers are added to the other side, allowing existing 45 minute doors to fully function. 2. Elim will monitor all areas that contractors are performing work. 3. Elim will continue to educate all contractors as they enter the site. 4. Deficiency correction date is November 2nd 2011. 5. Elim will conduct weekly inspections of areas under construction.	11/2/11

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K 147	Continued From page 9 Observation determined the electrical wiring in the 1st and 2nd Street corridor was not terminated in covered electrical boxes.	K 147		