

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

PRINTED: 10/30/2019
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 06/11/2019	
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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). 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 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 and the east side of Elim Care Center.			K 000			
K 200 SS=F	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2			K 200			6/18/19

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

TITLE

(X6) DATE

Electronically Signed

06/18/2019

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 200	Continued From page 1 This REQUIREMENT is not met as evidenced by: Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. 4.6.12.3 Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in the Code or as directed by the authority having jurisdiction. 4.6.12.4 Emergency illumination shall be provided for not less than 1½ hours in the event of failure of normal lighting. 7.9.2.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 200	1) The annual testing of the emergency lighting will be conducted and documented annually. 2) Maintenance staff will maintain record and document the annual 90 minute test of the emergency battery-powered emergency lighting. Environmental Service Director will review annually. 3) Environmental Service Director will go thru Life Safety book and make sure all annuals and monthly's are occurring and documented. 4) Documentation will be kept in Life Safety book and be reviewed annually. 5) This will be implemented on 06-17-2019. And an annual test done by 06-26-2019.		

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K 200	Continued From page 2 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Records review determined an annual 90-minute test of the emergency battery-powered emergency lighting system was not documented in the past year. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 200			
K 254 SS=D	Corridor Access CFR(s): NFPA 101 Corridor Access All habitable rooms not within suites have a door leading directly outside to grade or have a door leading to an exit access corridor. Patient sleeping rooms with less than eight patient beds may have one room intervening to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. 18.2.5.6.1 through 18.2.5.6.4, 19.2.5.6.1 through 19.2.5.6.4 This REQUIREMENT is not met as evidenced by:	K 254		6/18/19	

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K 254	Continued From page 3 Every habitable room shall have an exit access door leading directly to an exit access corridor. 19.2.5.6.1 The facility failed to provide direct access from an occupied room to an exit corridor. Observation determined occupants from the Central Supply Office must exit through the Central Supply Storeroom to reach the exit corridor. Failure to provide direct access to an exit corridor from occupied rooms increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous habitable rooms in the facility.	K 254	1) The supply clerk will be relocated to an office that has access to a corridor. 2) The Environmental Service Director surveyed the building and made sure all offices exit to a corridor. 3) No offices will be located in combustible areas that do not exit to a corridor. 4) Maintenance will monitor any changes in the building to make sure we are compliant with NFPA requirements. 5) The supply office was relocated on 06-18-2019.	6/18/19	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96	K 324			

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K 324	Continued From page 4 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 7.2.1 At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or	K 324	1) Environmental Service Director has implemented a monthly visual checklist for the kitchen hood and documentation will be kept. 2) There is only one kitchen hood in our building. 3) The maintenance supervisor will go thru Life Safety book as well as Environmental Services Director to make sure documentation is in place monthly. 4) Maintenance will keep documentation and be in compliance with NFPA requirements. 5) Monthly visual inspections were implemented on 06-18-2019.		

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K 324	Continued From page 5 relocated. 7.2.2 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed in the past year. An outside company did conduct semi-annual inspections of the system. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324			