

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

PRINTED: 10/10/2017
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 06/14/2017
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 on the east side of the Elim Care Center.	K 000			
K 211 SS=D	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire	K 211	1. Laney's Plumbing of Fargo removed drinking fountain and piping on 6/16/17. Maintenance patched hole left in wall.		6/16/17

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

TITLE

(X6) DATE

Electronically Signed

06/21/2017

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 211	Continued From page 1 or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2.2 The facility failed to ensure exit access was readily accessible at all times. Observation determined a water fountain that was located in the Second Street exit corridor extended approximately twelve (12) inches from the corridor wall and protruded into the exit corridor. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from one (1) of eight (8) exits in the facility.	K 211	2. We have surveyed all of the facility for any other obstructions to egress. 3. This was an existing drinking fountain that had been in place for years. Going forward if we have to install a drinking fountain it will be recessed and not project into the hallway. 4. We will monitor any future construction or changes to the existing building to make sure no obstructions are allowed in hallways. 5. Complete on 6/16/17		
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes	K 351		6/23/17	

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K 351	Continued From page 2 closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(10) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined two (2) sprinklers in the walk-in freezer and cooler located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and cooler were equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	1. Allied Fire Protection has ordered 2 new sprinkler heads and will install them on 6/23/17. 2. Maintenance will make sure that proper temperature heads are in place in walk in coolers. 3. Maintenance will inspect that correct temperature heads are in place as we clean them. 4. Maintenance will add a column for visual inspection including correct temperature heads to our preventative maintenance checklist. 5. Will be completed on 6/23/17		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing	K 353		6/23/17	

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K 353	Continued From page 3 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 5.1.1.2 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of documentation determined none of the required inspections and tests of the automatic	K 353	1. Allied Fire Protection has been contacted for training of staff on the quarterly flow testing procedures on 6/23/17 2. Will educate new staff on the importance of documenting all flow testing. 3. We are training additional people to do quarterly flow testing so there will not be a missed documentation when one person is gone. 4. Maintenance Director will review all logs in Life Safety book on a quarterly basis. 5. Will be completed on 6/23/17		

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K 353	Continued From page 4 sprinkler system were conducted during the fourth quarter of 2016. Inspections and tests include: 1) Inspect gauges of dry system weekly. 2) Inspect gauges of wet system monthly. 3) Inspect control valves monthly. 4) Inspect water alarm devices quarterly. 5) Inspect valve supervisory alarm devices quarterly. 6) Inspect supervisory signal devices quarterly. 7) Inspect hydraulic nameplate quarterly. 8) Test waterflow alarm devices quarterly. This deficiency affected numerous inspections and tests of the automatic sprinkler system. The automatic sprinkler system serves the entire facility. Failure to inspect and test the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire.			K 353			