

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

PRINTED: 10/04/2016
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 07/26/2016
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.	K 000			
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: Smoke detectors are 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	K 054	1. Elim contacted Protection Systems on 7/27/16 to move all smoke detectors that are closer than 3 feet from air supply or		8/12/16

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

TITLE

(X6) DATE

Electronically Signed

08/10/2016

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 054	Continued From page 1 A-2-3.5.1 The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm Code. Observation determined numerous smoke detectors throughout the building were located within three (3) feet of a supply or exhaust air diffuser. Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the building.	K 054	return openings. 2. Elim maintenance staff surveyed entire building with Protection Systems on 8/1/16 to determine which detectors needed to be moved. Protection Systems started moving detectors on 8/1/16. Protection systems will return on 8/11/16 to complete the project. 3. Maintenance staff will survey any additions or changes to existing smoke detectors for compliance. 4. Maintenance staff will make sure that if there is any future ductwork and/or smoke detector changes or additions, that all smoke detectors will be a minimum of 3 feet away from air supply or return openings. 5. All smoke detectors will be in compliance by 8/12/16.		
K 062 SS=E	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: 1) Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent	K 062	1. Elim had Allied Fire Protection company remove one of the 2 sprinkler heads that were too close together after a small closet was removed. This was completed on 8/4/16. Elim replaced 4 shower curtains with curtains that have 18 inch mesh on the top to provide coverage	8/10/16	

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K 062	Continued From page 2 skipping of sprinklers. The minimum distance permitted between sprinklers shall comply with the value indicated in the section for each type or style of sprinkler. NFPA 13 5-5.3.4 The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined two (2) sprinklers in the 4th Street Tub Room were closer than the minimum of six feet apart. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility. 2) 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: a) A shower curtain installed in the bathroom located between Resident Rooms #102 and #104 obstructed sprinkler coverage. b) A shower curtain installed in the bathroom located between Resident Rooms #106 and #108 obstructed sprinkler coverage. c) A shower curtain installed in the bathroom	K 062	for the 4 bathroom/showers that are notated. This was completed on 8/10/16. 2.A small closet was removed several years ago causing 2 sprinkler heads to be too close together. Maintenance looked at all other shower curtains and found them all to be in compliance. Maintenance staff will examine any remodel in the future for compliance with regulations. 3.Any future remodel or additions will be inspected to ensure that proper sprinkler coverage is maintained. 4. Maintenance will monitor any future projects to insure that the Sprinkler Systems provide adequate coverage. 5. This tag has been corrected as of today 8/10/16		

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K 062	Continued From page 3 located between Resident Rooms #110 and #112 obstructed sprinkler coverage. d) A shower curtain installed in the bathroom located between Resident Rooms #114 and #116 obstructed sprinkler coverage. 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 four (4) of numerous rooms in the facility. The automatic sprinkler system serves the entire building.	K 062			