| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING _____ B. WING _____ | 02/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FARGO ELIM HEALTH CARE CENTER | 3534 UNIVERSITY DRIVE 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 |
|---|---|---|---|---|
| E 000 | Initial Comments<br><br>42 CFR 483.73<br><br>K6 PLAN APPROVAL: 2022<br><br>K7 SURVEY UNDER: 2012 New<br><br>K8 SNF/NF<br><br>Type of Structure:<br><br>A one (1) story with a partial basement, 2022, Type V (111), protected combustible wood frame construction. The building has complete coverage by an automatic (wet and dry) sprinkler system and a total of nine (9) smoke compartments.<br><br>A Comparative Federal Monitoring Survey was conducted on 2/6/24, following a State Agency Annual Survey on 1/9/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Fargo Elim Health Care Center was found to be in compliance with the Requirements for Participation in Medicare and Medicaid. | E 000 | | |
| E9999 | Final Observations<br><br>Fargo Elim Health Care Center was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness). | E9999 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING 02 - EXISTING BUILDING<br>B. WING _____ | 02/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FARGO ELIM HEALTH CARE CENTER | 3534 UNIVERSITY DRIVE S<br>FARGO, ND 58104 |

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|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>42 CFR 483.90(a)<br><br>K3 BUILDING: 0202<br><br>K6 PLAN APPROVAL: 2010<br><br>K7 SURVEY UNDER: 2012 Existing<br><br>K8 SNF/NF<br><br>Type of Structure:<br><br>A one (1) story, 2010, Type V (111), protected combustible wood frame construction. The building has complete coverage by an automatic (wet and dry) sprinkler system and a total of one (1) smoke compartments.<br><br>A Comparative Federal Monitoring Survey was conducted on 2/6/24, following a State Agency Annual Survey on 1/9/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Fargo Elim Health Care Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.<br><br>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire). | K 000 | | |
| K 521<br>SS=F | HVAC<br>CFR(s): NFPA 101<br><br>HVAC | K 521 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING 02 - EXISTING BUILDING<br>B. WING _____ | 02/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FARGO ELIM HEALTH CARE CENTER | 3534 UNIVERSITY DRIVE S<br>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 |
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| K 521 | Continued From page 1<br>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.<br>18.5.2.1, 19.5.2.1, 9.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, records review, and interview, the facility failed to test all fire, smoke, and combination fire and smoke dampers in accordance with the code. The deficient practice affected one (1) of one (1) smoke compartments, staff, and all residents. The facility had the capacity for 88 beds with a census of 84 on the day of survey.<br><br>The findings include:<br><br>Records review of the facility's fire damper testing records for the time period prior to the survey, on 2/6/24, at 2:08 p.m., revealed that there was no documentation of testing and inspections of fire, smoke, and combination fire/ smoke dampers located throughout the facility being performed within one (1) year of installation and every four (4) years thereafter as required by section 19.4.1 and 19.4.1.1 of NFPA 80, Standard for Fire Doors and Other Opening Protectives and section 6.5.2 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. There was no inventory of the exact number of fire, smoke, and combination of fire and smoke dampers installed in the building.<br><br>Observation during the building inspection tour, | K 521 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING **02 - EXISTING BUILDING** B. WING _____ | **02/06/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FARGO ELIM HEALTH CARE CENTER** | **3534 UNIVERSITY DRIVE 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 521 | Continued From page 2<br>on 2/6/24, at 2:52 p.m., revealed a fire damper was installed in Heating, Ventilation and Air Conditioning (HVAC) ductwork going through the wall in the laundry room into an adjacent space.<br>Additional observation during an inspection of the area above the lay-in ceiling tiles at fire barrier wall separating the 400 Wing from the Chapel area, on 2/6/24, at 3:00 p.m., revealed a fire damper was installed in the fire barrier wall.<br>An interview, on 2/6/24, at 2:08 p.m., revealed the facility was not aware of the requirement for fire, smoke, and combination fire/ smoke dampers to be inspected within one (1) year of installation and every four (4) years thereafter.<br><br>The census of 84 was verified by the Administrator on 2/6/24, at 9:33 a.m. The finding was acknowledged by the Administrator and verified by the Maintenance Manager and the Safety and Training Director during the exit interview on 2/6/24, at 4:08 p.m.<br><br>Actual NFPA Standard: NFPA 101 Life Safety Code (2012)<br>19.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2.<br>9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment.<br>Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to | K 521 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING 02 - EXISTING BUILDING<br>B. WING _____ | 02/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FARGO ELIM HEALTH CARE CENTER | 3534 UNIVERSITY DRIVE S<br>FARGO, ND 58104 |

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|---|---|---|---|---|
| K 521 | Continued From page 3<br>be continued in service.<br><br>Actual NFPA Standard: NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems (2012)<br>5.4.8 Maintenance.<br>5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>5.4.8.2 Smoke dampers shall be maintained in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives.<br><br>Actual NFPA Standard NFPA 80, Standard for Fire Doors and Other Opening Protectives (2010)<br>19.4* Periodic Inspection and Testing.<br>19.4.1 Each damper shall be tested and inspected 1 year after installation.<br>19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.<br><br>Actual NFPA Standard: NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010)<br>6.5 Periodic Inspection and Testing.<br>6.5.1 Smoke dampers for dedicated and non-dedicated smoke control systems shall be inspected and tested in accordance with NFPA 92A, Standard for Smoke-Control Systems Utilizing<br>Barriers and Pressure Differences.<br>6.5.2* Each damper shall be tested and inspected one year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall<br>be every 6 years. | K 521 | | |

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| | 355129 | A. BUILDING 02 - EXISTING BUILDING<br>B. WING _____ | 02/06/2024 |

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|---|---|---|---|---|
| K 521 | Continued From page 4<br>6.5.3 Care shall be exercised that all tests are completed in a safe manner wearing the appropriate personal protective equipment.<br>6.5.4 Full unobstructed access to the damper shall be verified and corrected as required.<br>6.5.5 Where a fusible link is installed on a combination fire/smoke damper, the fusible link shall be removed for testing the damper for full closure simulating a fire condition per the requirements and frequencies of 19.5.4 of NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>6.5.6 The test shall be conducted with normal HVAC airflow.<br>6.5.7 The operation of the damper shall verify that there is no damper interference due to rust or bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts.<br>6.5.8 The damper frame shall not be penetrated by any foreign objects that would affect proper fire damper operations.<br>6.5.9 The damper shall be verified to not be blocked from closure in any way.<br>6.5.10 The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature rating, and load rating.<br>6.5.11 All inspections and testing shall be documented indicating the location of the damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected.<br>6.5.12 All documentation shall be maintained by the property owner and available for review by the authority having jurisdiction. | K 521 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING _____ | 02/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FARGO ELIM HEALTH CARE CENTER | 3534 UNIVERSITY DRIVE S<br>FARGO, ND 58104 |

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|---|---|---|---|---|
| K 000 | INITIAL COMMENTS<br><br>42 CFR 483.90(a)<br><br>K3 BUILDING: 0102<br><br>K6 PLAN APPROVAL: 2022<br><br>K7 SURVEY UNDER: 2012 New<br><br>K8 SNF/NF<br><br>Type of Structure:<br><br>A one (1) story with a partial basement, 2022, Type V (111), protected combustible wood frame construction. The building has complete coverage by an automatic (wet and dry) sprinkler system and a total of nine (9) smoke compartments.<br><br>A Comparative Federal Monitoring Survey was conducted on 2/6/24, following a State Agency Annual Survey on 1/9/23, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Fargo Elim Health Care Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.<br><br>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire). | K 000 | | |
| K 521<br>SS=F | HVAC<br>CFR(s): NFPA 101 | K 521 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING _____ | 02/06/2024 |

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|---|---|---|---|---|
| K 521 | Continued From page 1<br>HVAC<br>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.<br>18.5.2.1, 19.5.2.1, 9.2<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, records review, and interview, the facility failed to test all fire, smoke, and combination fire and smoke dampers in accordance with the code. The deficient practice affected nine (9) of nine (9) smoke compartments, staff, and all residents. The facility had the capacity for 88 beds with a census of 84 on the day of survey.<br><br>The findings include:<br><br>Records review of the facility's fire damper testing records for the time period prior to the survey, on 2/6/24, at 2:08 p.m., revealed that there was no documentation of testing and inspections of fire, smoke, and combination fire and smoke dampers located at smoke barriers throughout the facility being performed within one (1) year of installation as required by section 19.4.1 and 19.4.1.1 of NFPA 80, Standard for Fire Doors and Other Opening Protectives and section 6.5.2 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. There was no inventory of the exact number of fire, smoke, and combination of fire and smoke dampers installed in the building. | K 521 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING _____ | 02/06/2024 |

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|---|---|---|---|---|
| K 521 | Continued From page 2<br>An interview, on 2/6/24, at 2:08 p.m., revealed the facility was not aware of the requirement for fire, smoke, and combination fire and smoke dampers to be inspected within one (1) year of installation.<br><br>Observation during an inspection of the area above the lay-in ceiling tiles at smoke barrier walls, on 2/6/24, from 2:30 p.m., until 2:45 p.m., revealed that smoke and/ or combination fire and smoke dampers were observed in Heating Ventilation and Air Conditioning (HVAC) ductwork that passed through smoke barrier walls throughout the building.<br><br>Additional records review of permitting and licensing documentation provided prior to the completion of the survey, on 2/6/24, at 4:00 p.m., revealed the mechanical systems permitting inspection was completed on 8/3/22, at 9:30 a.m., and the facility was granted licensing by the State of South Dakota on 10/10/22.<br><br>The census of 84 was verified by the Administrator on 2/6/24, at 9:33 a.m. The finding was acknowledged by the Administrator and verified by the Maintenance Manager and the Safety and Training Director during the exit interview on 2/6/24, at 4:08 p.m.<br><br>Actual NFPA Standard: NFPA 101 Life Safety Code (2012)<br>18.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer ' s specifications, unless otherwise modified by 18.5.2.2.<br>9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment.<br>Air-conditioning, heating, ventilating ductwork, | K 521 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING _____ | 02/06/2024 |

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|---|---|---|---|---|
| K 521 | Continued From page 3<br>and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.<br><br>Actual NFPA Standard: NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems (2012)<br>5.4.8 Maintenance.<br>5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>5.4.8.2 Smoke dampers shall be maintained in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives.<br><br>Actual NFPA Standard NFPA 80, Standard for Fire Doors and Other Opening Protectives (2010)<br>19.4* Periodic Inspection and Testing.<br>19.4.1 Each damper shall be tested and inspected 1 year after installation.<br>19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.<br><br>Actual NFPA Standard: NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010)<br>6.5 Periodic Inspection and Testing.<br>6.5.1 Smoke dampers for dedicated and non-dedicated smoke control systems shall be inspected and tested in accordance with NFPA 92A, Standard for Smoke-Control Systems | K 521 | | |

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| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING | 02/06/2024 |

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|---|---|---|---|---|
| K 521 | Continued From page 4<br>Utilizing<br>Barriers and Pressure Differences.<br>6.5.2* Each damper shall be tested and inspected one year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.<br>6.5.3 Care shall be exercised that all tests are completed in a safe manner wearing the appropriate personal protective equipment.<br>6.5.4 Full unobstructed access to the damper shall be verified and corrected as required.<br>6.5.5 Where a fusible link is installed on a combination fire/smoke damper, the fusible link shall be removed for testing the damper for full closure simulating a fire condition per the requirements and frequencies of 19.5.4 of NFPA 80, Standard for Fire Doors and Other Opening Protectives.<br>6.5.6 The test shall be conducted with normal HVAC airflow.<br>6.5.7 The operation of the damper shall verify that there is no damper interference due to rust or bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts.<br>6.5.8 The damper frame shall not be penetrated by any foreign objects that would affect proper fire damper operations.<br>6.5.9 The damper shall be verified to not be blocked from closure in any way.<br>6.5.10 The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature rating, and load rating.<br>6.5.11 All inspections and testing shall be documented indicating the location of the damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the | K 521 | | |

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| | 355129 | A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER<br>B. WING _____ | 02/06/2024 |

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| K 521 | Continued From page 5<br>deficiencies were corrected.<br>6.5.12 All documentation shall be maintained by the property owner and available for review by the authority having jurisdiction. | K 521 | | |