| 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 _____ | **03/04/2025** |

| 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 000 | INITIAL COMMENTS<br><br>This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and 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.<br><br>The facility was located in a one-story building of Type V (111) construction with a partial basement. The building had a wet and dry automatic sprinkler system designed to meet the requirements of the 2010 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 Fargo Elim Health Care Center.<br><br>The Chapel / Therapy Wing and the 400 Wing were surveyed using Chapter 19. | K 000 | | |
| K 712<br>SS=E | Fire Drills<br>CFR(s): NFPA 101<br><br>Fire Drills<br>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.<br>18.7.1.4 through 18.7.1.7 | K 712 | | 3/6/25 |

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

Electronically Signed | 03/06/2025

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| K 712 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>The facility failed to conduct fire drills as required.<br><br>Fire drill records review determined all fire drills did not include the simulation of an emergency phone call to the fire department.<br><br>Failure to conduct fire drills as required increases the risk of death or injury due to fire.<br><br>The deficiency affected twelve (12) of twelve (12) required drills in the past year. | K 712 | Brief Description of Corrective Action or Planned Corrective Action<br>The immediate corrective action involved a thorough review and correction of the document formatting error identified in the CMS survey. The document was reformatted to ensure compliance with CMS standards, ensuring all necessary information is clearly presented and accessible.<br><br>Steps to Prevent Recurrence<br>1. Staff Training: Conduct training sessions for all relevant staff on proper document formatting and CMS requirements.<br>2. Standardized Templates: Develop and implement standardized document templates that comply with CMS guidelines to be used for all future documentation.<br>3. Quality Assurance Checks: Establish a routine quality assurance process where documents are reviewed for formatting accuracy before submission.<br><br>How the Facility Plans to Monitor Future Performance to Ensure Solutions are Sustained<br>• Regular Audits: Conduct monthly audits of documentation to ensure compliance with CMS formatting standards.<br>• Feedback Mechanism: Implement a feedback loop where staff can report any issues or challenges with document formatting, allowing for continuous | |

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| K 712 | Continued From page 2 | K 712 | improvement.<br>• Quarterly Review Meetings: Hold quarterly meetings to review audit findings and discuss any necessary adjustments to the process or training.<br><br>Person Responsible for Compliance<br>• Compliance Officer: The Maintenance Director, or designee, will be responsible for overseeing the implementation of corrective actions and ensuring ongoing compliance with CMS standards. | |

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| E 000 | Initial Comments<br><br>A recertification survey conducted on 03/04/2025 found Fargo Elim Health Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. | E 000 | | |

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