STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ND202	A. BUILDING 01 - FARGO ELIM HEALTH CCARE CENTER B. WING	10/04/2022

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 000	INITIAL COMMENTS 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. 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. Note: The Chapel / Therapy Wing and the 400 Wing were surveyed using Chapter 19.	K 000		
K 311	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 NEW Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 2 hours connecting four or more stories. (1 hour for single story building and buildings up to three stories in height.) An atrium may be used in accordance with 8.6.7. 18.3.1 through 18.3.1.5	K 311	K 311 1. It is the practice of the facility to maintain a one-hour fire resistive rating of stair enclosures throughout the building. To ensure continued compliance, the following corrective action has been put in to place: On 10/10/2022, plugs were installed to fire door located to the west stair enclosure from the corridor on first floor in order to seal the penetrations to ensure the 90-minute fire rating was met. 2. One stair enclosure was directly affected by this deficient practice, but all others were not affected. 3. The maintenance manager or designee will inspect the fire doors annually. 4. The findings of the annual inspections will be reviewed by the Quality Assurance Committee. 5. Completed date: 10/10/2022	

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

Administrator 10-11-22

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 311	Continued From page 1 This REQUIREMENT is not met as evidenced by: Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors must be enclosed with construction having a fire resistance of at least one hour. 18.3.1 The facility failed to maintain the two-hour fire resistive rating of stair enclosures throughout the building. Observation determined the 90-minute fire rated door frame to the west stair enclosure from the corridor on 1st Floor had multiple unsealed penetrations. Failure to maintain the two-hour fire resistive rating of shaft enclosures increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) stair enclosures in the facility.	K 311		
K 347	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 NEW Smoke detection systems are provided in spaces open to corridors as required by 18.3.6.1 In nursing homes, an automatic smoke detection system is installed in the corridors of all smoke compartments containing resident sleeping rooms, unless the resident sleeping rooms have: *smoke detection, or *automatic door closing devices with integral smoke detectors on the room side that provide occupant notification.	K 347	K 347 1. It is the practice of the facility to ensure the smoke detection system is in compliance with NFPA72. To ensure continued compliance, the following corrective action has been put in to place: 1. The smoke detector in the 100 Wing Housekeeping room was removed and replaced with a plastic cover. 2. The smoke detector in the 200 Wing Housekeeping room was removed and replaced with a plastic cover. 3. The smoke detector in the 300 Wing Housekeeping room was removed and replaced with a plastic cover. 2. Three smoke detectors were affected by this deficient practice, but no other smoke detectors are at risk. 3. The smoke detection system will be inspected annually by Summit in efforts to comply with NFPA72. 4. The findings from the annual smoke detection system by Summit will be reviewed by the Quality Assurance Committee. 5. Completion date: 10/10/2022	

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K 347	Continued From page 2 Such detectors are electrically interconnected to the fire alarm system. 18.3.4.5.2, 18.3.4.5.3 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 18.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined: 1) The smoke detector in the 100 Wing Housekeeping Room was installed within 36 in. of an air supply diffuser or return air opening. 2) The smoke detector in the 200 Wing Housekeeping Room was installed within 36 in. of an air supply diffuser or return air opening. 3) The smoke detector in the 300 Wing Housekeeping Room was installed within 36 in. of an air supply diffuser or return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected three (3) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347		

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K 351	Continued From page 3	K 351	F K351	
K 351	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 NEW Buildings are to be 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 and local regulations prohibit sprinklers. Listed quick-response or listed residential sprinklers are used throughout smoke compartments with patient sleeping rooms. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed six square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 18.3.5.1, 18.3.5.4, 18.3.5.5, 18.3.5.6, 9.7, 9.7.1.1(1), 18.3.5.10 This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 18.3.5.1, 9.7.1.1(1) 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. Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature	K 351	1. It is the facility's practice to install all automatic sprinkler systems in accordance with NFPA13. To ensure continued compliance, the following corrective action has been put in to place: 1. The sprinkler head in the boiler room was changed to a high temperature rating. 2. The sprinkler head in the trash room was changed to a high temperature rating. 3. The sprinkler head in the garage was changed to a high temperature rating. 4. The sprinkler head in the main sprinkler riser room was changed to a high temperature rating. 2. Four sprinkler heads were affected by this deficient practice, but no other sprinkler heads are at risk. 3. The automatic sprinkler system will be inspected annually by Nova in efforts to comply with NFPA13. 4. The findings of the annual automatic sprinkler systems inspection will be reviewed by the Quality Assurance Committee. 5. Completion date: 10/10/2022	

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K 351	Continued From page 4 classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined: 1) One (1) sprinkler in the Boiler Room installed within 7 ft. of unit heaters was not high-temperature-rated. 2) One (1) sprinkler in the Trash Room installed within 7 ft. of unit heaters was not high-temperature-rated. 3) One (1) sprinkler in the Garage installed within 7 ft. of unit heaters was not high-temperature-rated. 4) One (1) sprinkler in the Main Sprinkler Riser Room installed within 7 ft. of unit heaters was not high-temperature-rated. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected four (4) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351		