STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **02** B. WING _____	**10/18/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST** **WAHPETON, ND 58075**

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E 000	Initial Comments A recertification survey conducted on 10/18/2022 found St Catherines Living Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies, 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. An addition attached to the structure was of Type II (111) construction. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The 700 Wing of Type II (111) construction had undergone a major renovation in 2017. The 700 Wing was surveyed using Chapter 18. A Fire Safety Evaluation System (FSES) was conducted as a result of the 10/18/2022 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 371 - Travel Distance within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101	K 211		11/28/22

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

Electronically Signed | 10/28/2022

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K 211	Continued From page 1 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 REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected numerous fire rated door	K 211	K 211 Means of Egress 1. A master list was created listing all of the fire rated doors in 100, 500, 600 & 700 Wings. The Environmental Services Department will inspect the hardware including frames, closing devices and anchorage per requirements in NFPA 80 to document inspection of these annually. 2. Environmental Services Department will do a walk through to identify all other doors not listed on master list that are fire rated per NFPA 80 standards and will add to master list and inspect the hardware including frames, closing devices and anchorage. 3. Environmental Services Department will add "Inspect and Test Fire Rated Door Assemblies" to the TELS maintenance management system that alerts to conduct a quarterly inspection to assure all fire rated doors have been identified and inspected 4. The TELS report will be shared with the Quality Assurance Committee monthly to assure this inspection has been completed. 5. November 28, 2022	

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K 211	Continued From page 2 assemblies throughout the facility.	K 211		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 REQUIREMENT 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 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in	K 353	K353 Sprinkler System- Maintenance and Testing 1. Environmental Services Department will utilize the tag system attached to the main risers to record that they have inspect, test and maintain the gauges and valves to assure they are in reliable operating condition monthly as required by NFPA 25. 2. Environmental Services Department will do a walk through to identify all other main risers that require us to inspect, test and maintain.	11/28/22

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K 353	Continued From page 3 a reliable operating condition as required by NFPA 25. Record review and interview with staff determined the control valves and gauges of the automatic sprinkler system had not been inspected during all months in the past year. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	3. Environmental Services Department will do an audit of the tags to assure the inspection has been completed on a monthly basis. The task of "Automatic Sprinkler Inspection" will be added into the TELS Maintenance Management program that alerts them to conduct this task monthly. 4. The TELS report will be shared with the Quality Assurance Committee monthly to assure that the inspection has been completed. 5. November 28, 2022	
K 371 SS=B	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: The facility failed to ensure the travel distance to reach a door in the required smoke barrier did not exceed 200 feet. Observation determined the 500/600 Wing smoke compartment exceeded the maximum 200	K 371	A Fire Safety Evaluation System (FSES) was conducted as a result of the 10/18/2022 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 371 - Travel Distance within Smoke	10/19/22

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K 371	Continued From page 4 feet travel distance to reach the nearest smoke barrier. Failure to ensure travel distance within a smoke compartment complies with Life Safety Code requirements increases the risk of death or injury due to fire. This deficiency affected one (1) of three (3) smoke compartments.	K 371	Compartment. The facility passes the FSES upon correction of all other deficiencies.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No fire drill was conducted on the Night Shift during the first quarter in the past year. 2) Fire drills conducted during May, June, July, August, and September 2022 did not include the simulation of an emergency phone call to the fire	K 712	K 712 Fire Drills 1. The "simulated call to 911" entry has been added to the monthly sheet used to do the fire drill. The shift times have also been added to the fire drill sheet to assure the drill occurs within the different shift times identified on the fire drill sheet. A fire drill will be completed using the new fire drill sheet. 2. Education was given to the Environmental Services Department on	11/28/22

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K 712	Continued From page 5 department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected six (6) of twelve (12) drills in the past year.	K 712	October 26, 2022 on fire drills performed quarterly on each shift. Shifts are identified as: Day: 6:00AM-2:00PM Evening 2:00PM-10:00PM Overnight 10:00PM-6:00AM. 3. A control sheet has been created to assure they have a fire drill completed per shift, per quarter for the calendar year. The Environmental Services Department will enter the appropriate shift fire drills into the TELS maintenance program to assure they do the correct shift fire drill that month. 4. The TELS report and control sheet will be shared with the Quality Assurance Committee monthly to assure that the fire drill was completed in the correct shift and that the simulated call to 911 was completed. 5. November 28, 2022	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test	K 918		11/28/22

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K 918	Continued From page 6 under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined the emergency generator was not exercised under load for 4 continuous hours in the past 36 months. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	K918 Electrical Systems - Essential Electrical System 1. The generator is scheduled to run for four continuous hours in addition to the 30-minute run done monthly and the annual load bank exercise done by outside contractor- in accordance with NFPA 99 and NFPA 110. The Environmental Services Department will schedule and complete the four-hour continuous run on the generator. 2. The four-hour continuous run will be done and scheduled in TELS maintenance program to alert us to do the four-hour run within 36 months to assure compliance of NFPA 99 and NFPA 110. 3. The generator four hour run will be	

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K 918	Continued From page 7	K 918	added into TELS and will be added to the control board located in Environmental Services Department for scheduled task to occur. 4. The TELS report will be shared with the Quality Assurance Committee monthly showing the hours the generator has run in the month and as assurance this has been completed. 5. November 28, 2022	