

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

PRINTED: 07/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355033		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2023	
NAME OF PROVIDER OR SUPPLIER ST CATHERINES LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1307 N 7TH ST WAHPETON, ND 58075			
(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 A recertification survey conducted on 11/06/2023 found St Catherines Living Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E 000			

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

TITLE

(X6) DATE

Electronically Signed

11/15/2023

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 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 11/06/2023 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 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems	K 291	1. Initiated the 90 minute annual test on		11/15/23

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K 291	Continued From page 1 shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 90-minute annual test of the emergency battery back-up light in the past year. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights in the building.	K 291	the Emergency Backup Lighting on 11/7/2023. 2. EVS did a walk through of the facility and identified three sets of Emergency Backup Lights: Generator Room/Supply Room/South Kitchen. Initiated 90 minute annual testing on the other two locations. 3. The task- 90 Minute Emergency Backup Lighting Test has been added into the TELS EVS Management Program. 4. The TELS printout of tasks performed, including the Emergency Backup Light Test, will be reviewed at the quarterly Quality Assurance Meeting. 5. November 15, 2023		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are	K 353			11/17/23

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K 353	Continued From page 2 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 a reliable operating condition as required by NFPA 25. Record review determined quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate	K 353	1. The flow test was completed on 11/14/23 between 3:00-3:30PM on both water mains. A New testing sheet was created including the following: Location Flow Test time to activate alarm Did tamper switch put panel into alarm? Were all valves open and closed? All sprinkler heads visually in good condition? Date of Inspection Test Completed By 2. EVS did a walk through of the facility and identified two water mains South Kitchen/North EVS Office. 3. The task- Quarterly Sprinkler Flow Test has been added into the TELS EVS Management Program. Will keep a paper copy of the quarterly testing in our survey		

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K 353	Continued From page 3 a flow test was conducted during the first and second quarters of 2023, and the fourth quarter of 2022. 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	binder of tasks. 4. The TELS printout of tasks performed, including the Quarterly Sprinkler System Flow Test, will be reviewed at the quarterly Quality Assurance Meeting. 5. November 17, 2023	11/6/23	
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 feet travel distance to reach the nearest smoke barrier. Failure to ensure travel distance within a smoke	K 371	A Fire Safety Evaluation System (FSES) was conducted as a result of the 11/06/2023 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.		

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K 371	Continued From page 4 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			