STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355091	A. BUILDING _____ B. WING _____	05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MEDICAL CENTER NURSING HOME	612 CENTER AVE N ASHLEY, ND 58413

(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 05/23/2023 found Ashley Medical Center Nursing Home was not in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 42 CFR 483.73 et seq. (Emergency Preparedness).	E 000		
E 026 SS=F	Roles Under a Waiver Declared by Secretary CFR(s): 483.73(b)(8) §403.748(b)(8), §416.54(b)(6), §418.113(b)(6)(C)(iv), §441.184(b)(8), §460.84(b)(9), §482.15(b)(8), §483.73(b)(8), §483.475(b)(8), §485.542(b)(7), §485.625(b)(8), §485.920(b)(7), §494.62(b)(7). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] (8) [(6), (6)(C)(iv), (7), or (9)] The role of the [facility] under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.	E 026		6/1/23

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

Electronically Signed | 05/30/2023

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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E 026	Continued From page 1 *[For RNHCIs at §403.748(b):] Policies and procedures. (8) The role of the RNHCI under a waiver declared by the Secretary, in accordance with section 1135 of Act, in the provision of care at an alternative care site identified by emergency management officials. This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to develop procedures for requesting an 1135 Waiver in the event the facility provides care and treatment at an alternate care site identified by emergency management officials. The findings include: Review of the facility's policy manual "Emergency Preparedness Plan" on 05/23/2023 revealed the facility did not have policies or procedures on how to request an 1135 Waiver in an emergency to provide care and treatment at an alternate site. Interview on 05/23/2023 with the Facility Administrator revealed that the facility was not familiar with the waiver or the process to request one.	E 026	E026: It is the policy the Ashley Medical Center to ensure the safety of all employees while on duty. This will be completed in compliance with Title 42, Code of Federal Regulation, 42 CFR 483.73 et seq. (Emergency Preparedness). The Administrator, or designee, shall be responsible for obtaining information regarding the need for a blanket or specific 1135 waivers in the case of major disaster or emergency declarations by the President or HHS Secretary. Upon determination of the need for a waiver the administrator will apply for the 1135 waiver. The policy will be maintained in the Emergency Preparedness Policy Manual and reviewed yearly. Administrator will monitor for compliance. The QA study will be completed on a quarterly basis for one year. Completion date: June 1st, 2023 Responsible party: Administrator	

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	355091	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**05/23/2023**

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ASHLEY MEDICAL CENTER NURSING HOME	**612 CENTER AVE N** **ASHLEY, ND 58413**

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K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, 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 two-story combined Hospital and Long-Term Care building of Type II (000) construction. Residential living apartments were located on the lower level of the west wing. There was no observable horizontal 2-hour rated floor/ceiling assembly dividing the residential living apartments from the long-term care facilities above. Therefore, the entire building was surveyed as existing healthcare. The building was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with	K 345	K345:	6/1/23

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K 345	Continued From page 1 a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. Fire drill records review determined the manual fire alarm box at the East Nurses Station failed when it was pulled for the 05/18/2023 fire drill and had not been repaired at the time of the survey. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected the complete fire alarm system, which serves the entire building.	K 345	It is the policy of the Ashley Medical Center to test and maintain the fire alarm system in accordance with NFPA 70 National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. During the survey, testing records indicated a failure of our fire alarm system via pull station located at the hospital nurses stating during a monthly testing events. The indicated pull station was not compatible with our current updated alarm system and had not been replaced during initial installation. It was determined that this pull station is not in a required location as it is located at the nurses station. There are two pulls stations at the exits on the hospital nursing floor. The failed pull station has been removed, all wiring appropriately disabled, capped and covered. All remaining pull stations have been tested for proper function. The location maps have been updated and verified for accuracy of remaining pull stations. Environmental director will monitor for compliance. The study will be completed on a quarterly basis for one year. Completion date: June 1st, 2023 Responsible party: Environmental Director	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		7/1/23

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K 353	Continued From page 2 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 All backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow	K 353	K353: It is the policy of the Ashley Medical Center to maintain, inspect and test automatic sprinkler and standpipe systems in accordance with NFPA 25. Yearly back flow preventer testing was completed on 10/1/2021 and again on 11/3/2022. This testing was not in the yearly compliance for testing window. The testing company was contacted and reminded to ensure we are placed on their yearly testing cycle. We have also added an in-house calendar reminder to contact the testing company 30 days prior to the yearly testing deadline.	

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K 353	Continued From page 3 preventer. NFPA 25, 13.6.2.1 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: 1) The annual test of the automatic sprinkler system was not performed as required. The most current automatic sprinkler system annual test was conducted on 11/03/2022 and the previous test was conducted on 10/01/2021, exceeding the required annual testing requirement. 2) The annual test of the back flow preventer was not performed as required. The most current back flow preventer annual test was conducted on 11/03/2022 and the previous test was conducted on 10/01/2021, exceeding the required annual testing requirement. 3) Quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate flow tests were conducted during the first quarter of 2023. 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	It was also indicated that the first quarter flow testing was not completed in 2023 due to adverse weather conditions in conjunction with our outdoor release valve location. Quarterly outdoor valve testing will continue to be conducted in the same manner as we have in the past. We will add an inside flow testing port to be used during cold weather months. All employees will be trained on the location of newly installed flow testing valve. Environmental Director will ensure backflow is tested yearly. QA study will be completed on yearly basis for one year. Flow test will be completed quarterly. QA study will be completed on a quarterly basis for one year. Completion Date: July 1st, 2023 Responsible party: Environmental Director	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101	K 511		6/15/23

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K 511	Continued From page 4 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, locker rooms with associated showering facilities, garages and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Two (2) electrical receptacles in the first floor East Custodian Room within 6 ft. of a floor sink were not ground-fault circuit-interrupter protected.	K 511	K511: It is the policy of the Ashley Medical Center to maintain the facilities electrical wiring and equipment in compliance with NFPA 70, National Electric Code. The three observed non-compliant electrical receptacles have been removed and replaced with the appropriate ground-fault circuit interruption outlets. All facility outlets have been visually inspected and measured to ensure compliance within the 6 ft requirement. Environmental service director will monitor the entire facility for compliance during new construction or routine maintenance procedures. A QA will be completed quarterly for one year. Completion date: June 15th, 2023	

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K 511	Continued From page 5 2) One (1) electrical receptacle in the Laundry within 6 ft. of a sink was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected Three (3) of numerous electrical receptacles in the facility.	K 511	Responsible party: Environmental Service Director	