North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type V (000) construction that was fully sheathed and had a partial basement. The building was protected with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The level of evacuation capability for the resident population was categorized as PROMPT. E Score was 1.42.	K 000		
K 229	HAZARDOUS AREAS Hazardous areas, which shall include, but shall not be limited to, the following, shall be separated from other parts of the building by construction having a minimum 1-hour fire resistance rating, with communicating openings protected by approved self-closing fire doors, or such areas shall be equipped with automatic fire-extinguishing systems: (1) Boiler and heater rooms (2) Laundries (3) Repair shops (4) Rooms or spaces used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction 33.3.3.2.2	K 229		

emailed
10-12-15

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K 229	Continued From page 1 This state licensing rule is not met as evidenced by: The facility failed to ensure hazardous areas in fully sprinklered buildings were equipped with self-closing doors. 33.3.3.2.2. Observation determined the corridor door to the Activity Storage Room in the East Wing was not equipped with a self-closing device. The Activity Storage Room was approximately 120 square feet and was used to store combustible materials. Failure to ensure self-closing doors to hazardous areas increases the risk or death or injury due to fire. This deficiency affected one (1) of six (6) hazardous areas in the facility.	K 229	Maintenance Department has been instructed to attach a self closing device on Activity Storage Room door. The facility has observed all hazardous storage areas to comply with self closing devices on all doors. No staff will be allowed to ask for the self closing devise to be removed. During inspection of door openings, done annually, storage Rooms with combustible materials will be noted that the self closing device is still installed. This correction was completed on 9/28/2015.	
K 251	MANUAL FIRE ALARM General. A fire alarm system in accordance with Section 9.6 shall be provided, unless all of the following conditions are met: (1) The facility has an evacuation capability of prompt or slow. (2) Each sleeping room has exterior exit access in accordance with 7.5.3. (3) The building does not exceed three stories in height. 33.3.3.4.1	K 251		

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K 251	Continued From page 2 This state licensing rule is not met as evidenced by: A fire alarm system in accordance with section 9.6 shall be provided. 33.3.3.4.1. 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. 2010 NFPA 72, 14.4.2.2 item 5(c). The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 07/08/2015. Records did not indicate any other load voltage test was done in the past year. Failure to test and maintain the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year.	K 251	A worksheet will be initiated that mandates that a Load Voltage Test of the fire alarm system be done two-times a year. We have no other systems that require a load voltage test. Our outside comany will continue to do the load voltage test and six-months later our maintenance staff will do the next load test. A worksheet has been drafted (see attached) that is to be completed when the testing has been done. The correction was completed on 10-1-2015.	
K 309	SMOKE DETECTION AND ALARM All living areas, as defined in 3.3.21.5, and all corridors shall be provided with smoke detectors that comply with NFPA 72, National Fire Alarm	K 309		

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K 309	Continued From page 3 and Signaling Code, and are arranged to initiate an alarm that is audible in all sleeping areas, as modified by 33.3.3.4.8.2 and 33.3.3.4.8.3. 33.3.3.4.8.1 This state licensing rule is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined that smoke detectors located in resident rooms throughout the facility were installed within three feet of a ceiling mounted fan. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous resident rooms throughout the facility. Ref: 2012 NFPA 101 Section 33.3.3.4.7. 9.6.2.10.1.1. 2010 NFPA 72 A-17.7.4.1.	K 309	The facility has contacted an Electrical contractor to begin moving the smoke detectors 5 ft from the ceiling mounted fan in 30 detected rooms. Once they have been re-positioned the smoke alarm will be in a permanent location. Completion of the project will be done on or before Nov. 27, 2015	
K 321	Inspection of Door Openings Door assemblies for which the door leaf is required to swing in the direction of egress travel	K 321		

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K 321	Continued From page 4 shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.7.7 This state licensing rule is not met as evidenced by: The facility failed to inspect and test door assemblies as required. Review of records and interview of staff determined annual door assembly inspections was not completed. Failure to inspect and test door assemblies in the means of egress increases the risk of death or injury due to fire. This deficiency affected all required door assemblies throughout the facility.	K 321	An inspection form has been drafted to assure that an annual door assembly inspection has been done on all required doors. All doors required to annual door assembly inspections have been listed on the inspection form. The correction was completed on 10-01-15	
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: This state licensing rule is not met as evidenced by: Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria:	K2130		

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K2130	Continued From page 5 (1) Facilities having an impractical evacuation capability. (2) Facilities having a prompt or slow evacuation capability with more than 25 rooms, unless each room has a direct exit to the outside of the building at the finished ground level. 33.3.2.9 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 7.9.2.4 Generator sets installed as an alternate source of power for essential electrical systems shall be designed to meet the requirements of such service. All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. 2010 NFPA 110 5.6.5.6. The remote manual stop station shall be labeled. 2010 NFPA 110 5.6.5.6.1. The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined there was no remote stop switch for the Level 2 generator located external to the weatherproof enclosure. The generator was located outside the building. Failure to ensure the emergency generator is in	K2130	The Terrace has contracted with an Electrical Contractor to install an Emergency Kill Switch for our Generator located outside our building. The generator in question is our only generator and because the Emergency Kill switch will be permanately installed the deficient practice won't recur. Completion of the project will be done on or before Nov. 27, 2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8055	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	09/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TERRACE	901 E BOWEN AVE BISMARCK, ND 58504

(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) COMPLETE DATE
K2130	Continued From page 6 compliance with 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 for the building.	K2130		