

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

PRINTED: 04/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355046</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____ |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/10/2020</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN ACRES MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1 E MAIN ST<br/>CARRINGTON, ND 58421</b>        |                                                                                                                          |                                                        |                            |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                        | (X5)<br>COMPLETION<br>DATE |
| K 000                                                         | INITIAL COMMENTS<br><br>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.<br><br>The facility was located in a one-story building of Type V (000) and Type V (111) construction with a partial basement. The facility was protected by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.<br><br>An apartment building was attached via an enclosed walkway to the southeast side of the building. The apartment building was separated from the nursing facility by an occupancy separation wall designed to have a two-hour fire resistance rating. |                                                                            |  | K 000                                                                                       |                                                                                                                          |                                                        |                            |
| K 211<br>SS=D                                                 | Means of Egress - General<br>CFR(s): NFPA 101<br><br>Means of Egress - General<br>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.<br>18.2.1, 19.2.1, 7.1.10.1<br>This REQUIREMENT is not met as evidenced by:<br>Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening                                                                                                                                                                                                                                                                                                      |                                                                            |  | K 211                                                                                       | K211<br>1. The holes in the fire rated door to the north boiler room have been filled                                    |                                                        | 3/6/20                     |

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

TITLE

(X6) DATE

Electronically Signed

02/20/2020

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN ACRES MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1 E MAIN ST<br/>CARRINGTON, ND 58421</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                        |
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| K 211                                                         | Continued From page 1<br>Protectives. Door openings not in proper<br>operating condition shall be repaired or replaced<br>without delay. 7.2.1.15.2, 7.2.1.15.8, 4.6.12<br><br>When holes are left in a door or frame due to<br>changes or removal of hardware or plant-ons, the<br>holes shall be repaired by the following methods:<br>(1) Install steel fasteners that completely fill the<br>holes.<br>(2) Fill the screw or bolt holes with the same<br>material as the<br>door or frame.<br>NFPA 80 5.2.15.4<br><br>The facility failed to maintain fire rated door<br>assemblies.<br><br>Observation determined the north fire-rated<br>corridor door to the Boiler Room had two (2)<br>unsealed penetrations.<br><br>Failure to maintain fire rated door assemblies<br>increases the risk of injury or death due to fire.<br><br>This deficiency affected one (1) of numerous fire<br>rated door assemblies throughout the facility. | K 211                                                                      | with<br>either the same material the door is<br>made of or a metal bolt.<br><br>2. Any fire rated door that has<br>hardware<br>changed or becomes damaged has<br>the<br>potential to have holes.<br><br>3. All fire rated doors will be inspected<br>by<br>the Maintenance Director or<br>designee to<br>assure any open areas due to<br>hardware<br>changes or damage have been filled<br>with<br>the proper materials and report to<br>the<br>Compliance Coordinator.<br><br>4. The Maintenance Director or<br>designee will<br>inspect all fire rated doors monthly<br>and for<br>one year will report to the QA<br>committee. |                            |                                                        |
| K 345<br>SS=F                                                 | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in<br>accordance with an approved program complying<br>with the requirements of NFPA 70, National<br>Electric Code, and NFPA 72, National Fire Alarm<br>and Signaling Code. Records of system<br>acceptance, maintenance and testing are readily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | K 345                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3/6/20                     |                                                        |

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| K 345                                                         | <p>Continued From page 2<br/>available.<br/>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br/>This REQUIREMENT is not met as evidenced<br/>by:<br/>Health care occupancies shall be provided with<br/>a fire alarm system in accordance with Section<br/>9.6. 19.3.4.1</p> <p>A fire alarm system required for life safety shall<br/>be installed, tested, and maintained in<br/>accordance with the applicable requirements of<br/>NFPA 70, National Electrical Code and NFPA 72,<br/>National Fire Alarm and Signaling Code.<br/>9.6.1.3. 2010 NFPA 72, 14.1.1</p> <p>The facility failed to test the fire alarm system as<br/>required.</p> <p>Fire alarm system batteries shall be subjected to<br/>a load voltage test semiannually. NFPA 72,<br/>14.4.2.2 item 5(e).</p> <p>Review of fire alarm system test records<br/>indicated the semiannual load voltage tests of the<br/>sealed lead acid batteries were not performed as<br/>required. A load voltage test of the fire alarm<br/>system batteries was done during the annual<br/>inspection by an outside company on<br/>04/05/2019. Records did not indicate any other<br/>load voltage test on the fire alarm system<br/>batteries in the past year.</p> <p>Failure to install, test and maintain the fire alarm<br/>system in accordance with NFPA 72 increases<br/>the risk of death or injury due to fire.</p> <p>This deficiency affected one (1) of two (2)<br/>required load voltage tests of the fire alarm</p> | K 345                                                                      | <p>K345<br/>1. Load Voltage on the sealed lead acid<br/>batteries<br/>were tested on 2/20/2020.</p> <p>2. The entire fire alarm system has the<br/>potential<br/>to be affected by this.</p> <p>3. Maintenance Director or designee<br/>will perform<br/>semiannual load voltage tests of the<br/>sealed lead<br/>acid batteries. A log will be<br/>maintained by the<br/>Maintenance Director or designee of<br/>the testing<br/>date and time.</p> <p>4. The Maintenance Director will<br/>monitor testing<br/>biannually and report to the<br/>Compliance Coordinator.</p> |  |                                                        |

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| K 345                                                         | Continued From page 3<br>batteries in the past year. The fire alarm system<br>serves the entire facility.                    | K 345                                                                      |                                                                                                                          |                            |                                                        |