

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

PRINTED: 02/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/17/2024
NAME OF PROVIDER OR SUPPLIER GOLDEN ACRES MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1 E MAIN ST CARRINGTON, ND 58421		
(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 06/17/2024 found Golden Acres Manor 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

06/25/2024

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 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) 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. 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 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 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			K 511			6/24/24

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K 511	Continued From page 1 by: Commercial Cooking Appliances. Commercial cooking appliances that are moved for cleaning and sanitation purposes shall be connected in accordance with the connector manufacturer's installation instructions using a listed appliance connector complying with ANSI Z21.69/CSA 6.16, Connectors for Movable Gas Appliances. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions. Restraint. Movement of appliances with casters shall be limited by a restraining device installed in accordance with the connector and appliance manufacturer's installation instructions. Use with Casters. Floor-mounted appliances with casters shall be listed for such construction and shall be installed in accordance with the manufacturer's installation instructions for limiting the movement of the appliance to prevent strain on the connection. 19.5.1.1, 9.1.1, NFPA 54 9.6.1.1, 9.6.1.2, 10.12.6 The facility failed to install gas equipment and appliances in accordance with NFPA 54, National Fuel Gas Code. Observation determined the wheeled, gas-fired stove and griddle located on the cooking line in the kitchen was not provided with a restraint system to limit the movement of the appliance to prevent strain on the connections, as required by NFPA 54. Failure to install gas equipment and appliances in accordance with NFPA 54 increases the risk of injury or death due to fire.	K 511	K511 Utilities- Gas and Electric 1.) Golden Acres Manor acknowledges the importance of complying with the National Fuel Gas codes. No residents have been affected in this situation. 2.) All residents, staff, and public have the potential to be negatively impacted by any breach of the National Fuel Gas codes. 3.) The gas stove was noted by the surveyor to be unsecured, elevating the risk of the stove moving, and potentially dislodging the gas line connection at the back of the stove. As a remedy, on 06/18/24, the plant manager appropriately secured the stove with a chain. As well, the wheels were placed in locked position, and the floor was marked, serving as a guide to ensure the stove remains in its secured position. (see attached photos) " Removal of chain will only be done by the plant manager, or his designee for the purpose of moving the oven to clean the area. This cleaning procedure is only done by a professional cleaning crew. 4.) The plant manager has added an oven safety check to his weekly maintenance monitoring, with a log to be recorded weekly. (see attached log) 5.) This plan of correction was completed on 06/24/2024.		

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K 511	Continued From page 2	K 511			
K 914 SS=F	The deficiency affected one (1) of one (1) gas appliance in the Kitchen. Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Electrical systems shall be inspected, tested and maintained in accordance with the applicable requirements of NFPA 99 Health Care Facilities Code. 6.3.3.2, 6.3.3.2.1, 6.3.3.2.2, 6.3.3.2.3, 6.3.3.2.4, 6.3.4.1 Receptacle inspection and testing in patient care rooms shall include the following: 1) The physical integrity of each receptacle shall	K 914	K914 Electrical system- maintenance and testing 1.) Golden Acres Manor acknowledges the need for compliance with all electrical systems codes. No residents have been affected by this situation. 2.) All residents, staff and the public have the potential to be negatively impacted by any breach of the electrical systems		6/24/24

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K 914	Continued From page 3 be confirmed by visual inspection. 2) The continuity of the grounding circuit in each electrical receptacle shall be verified. 3) Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 4) The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). Failed receptacles at patient bed locations shall be replaced with hospital grade outlets, per NFPA 70 National Electrical Code, 517.18 (B). These tests need to be completed at least annually on all non-hospital grade outlets in patient care rooms. The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code. Observation, record review, and interview with staff determined there was no documentation of inspection and testing of the non-hospital grade electrical receptacles at patient bed locations in the past year. Failure to inspect, test and maintain electrical receptacles in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous electrical receptacles in all resident rooms in the facility.	K 914	codes. 3.) The following has been done to satisfy the electrical system concerns noted by surveyor " An outlet tester was purchased and was received on 06/24/24. (see attached) " During the week of 06/18- 06/24, all receptacles in residents' rooms were inspected and tested for: a.) Physical integrity b.) Continuity of the grounding system c.) Polarity d.) Retention force (all receptacles were found to be far above the required 115g of retention force) " Any receptacle that does not pass inspection and or testing, will be replaced with hospital grade receptacles going forward. 4.) Annual inspection and testing will be done by plant manager, and or his designee, and results will be logged. (see attached log) 5.) This Plan of Correction was completed on 06/24/24.		
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System	K 918		6/20/24	

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K 918	Continued From page 4 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 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.	K 918	K918 Electrical systems- essential electrical systems maintenance and testing.		

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K 918	Continued From page 5 Record review and interview with staff determined the monthly test of the emergency generator conducted on 03/01/2024 exceeded 40 days from the previous monthly test on 01/19/2024. 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	1.) Golden Acres Manor acknowledges that emergency alternate power sources need to be tested routinely as prescribed in the essential electric system maintenance and testing codes. No residents were affected by the generator testing time exceeding 30 days. 2.) All residents, staff and public have the potential to be negatively impacted by any breach of generator testing. 3.) Generator checks will be done every 30 days as required, and log will be kept by plant manager, or his designee. 4.) Generator testing log will be monitored, and reviewed by a designated member of our Q. A. committee monthly for 6 months. Quarterly for 1 year, then yearly. 5.) This plan of correction was completed on 06/20/24.		