STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355087	A. BUILDING _____ B. WING _____	04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEDGEWOOD MANOR	**804 MAIN ST W CAVALIER, ND 58220**

(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 04/24/2023 found Wedgewood 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 | 05/10/2023

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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	355087	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/24/2023**

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WEDGEWOOD MANOR	**804 MAIN ST W** **CAVALIER, ND 58220**

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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) construction protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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:	K 353		6/8/23

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K 353	Continued From page 1 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 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 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. Review of automatic sprinkler system test records on 04/24/2023 indicated the annual back flow preventer test was not performed as required. A back flow preventer test was done during the annual inspection by an outside company on 05/11/2021. Records did not indicate any other back flow preventer test in the past year. 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.	K 353	To ensure the automatic sprinkler system is continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems: A Backflow Preventer Inspection was conducted on April 27, 2023 by Johnson Controls. The facility passed the Backflow Preventer Inspection on April 27th, 2023. Education will be completed with the Maintenance Department on the required annual backflow preventer inspections by June 8th, 2023. To ensure compliance that Backflow Prevention Inspections are conducted annually as required by NFPA 25, 13.6.2.1 the Administrator/designee will conduct QA monthly on fire maintenance reports for 1 year which includes the annual backflow preventer inspection. The Administrator/designee will report QA findings to the QA Committee during the monthly QA meetings. Any issues identified will be immediately corrected.	

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K 353	Continued From page 2 The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Fire dampers shall be tested and inspected in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. All tests shall be completed in a safe manner by personnel wearing personal protective equipment. Full unobstructed access to the fire or combination fire/smoke damper shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall	K 521	To ensure that HVAC (heating, ventilation, and air conditioning) shall comply with 9.2 and and shall be installed in accordance with the manufacturer's specifications: The Fire Dampers will be tested and inspected by June 8th, 2023. The fire dampers will be tested and inspected every 4 years in accordance with NFPA 80, Standard for Fire Doors and other Opening Protectives. Maintenance will receive education on the requirement that fire dampers are inspected every 4 years in skilled nursing facilities by June 8th, 2023. QA monitoring on fire maintenance reports which includes the fire damper report will be completed on a monthly basis x 4 years by the Administrator/designee to ensure fire dampers are tested and inspected every 4 years. The date for the next fire damper test will be posted in the	6/8/23

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	355087	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/24/2023**

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K 521	Continued From page 3 not be blocked from closure in any way. The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review by the AHJ. 19.5.2.1, 9.2.1, NFPA 90A 5.4.8.1, NFPA 80, 19.4 The facility failed to test and inspect fire dampers in accordance with NFPA 80. Review of records and staff interview determined the tests and inspections of fire dampers were not performed as required. Tests and inspections of fire dampers were conducted on 08/24/2018. Records did not indicate any other tests and inspections of fire dampers in the past 4 years. Failure to test and inspect fire dampers in accordance with NFPA 80 increases the risk of death or injury due to fire. This deficiency affected all fire dampers in the facility.	K 521	maintenance book to alert them to the required 4 year fire damper testing. QA monitoring results will be reported by the Administrator/designee to the QA Committee during the monthly QA meeting. Any issues identified will be immediately corrected.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and	K 712		6/8/23

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K 712	Continued From page 4 unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) All fire drills did not include the simulation of an emergency phone call to the fire department. 2) No fire drills were conducted on the PM Shift during the second quarter in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected four (4) of twelve (12) drills in the past year.	K 712	To ensure the facility conducts fire drills as required in accordance with NFPA 101: The "Fire Drill/Monthly Fire Alarm Test Documentation Form" was revised to include a simulation of an emergency phone call to the fire department when drills are conducted between the hours of 9:00 PM and 6:00 AM. To ensure drills will be conducted at appropriate times and include all 3 shifts quarterly, the fire drill form was updated to include the times for the am shift (6:00 AM-2:30 PM), the pm shift (2:00 PM-10:30 PM), and the night shift (10:00 PM-6:30 AM). The Maintenance Department and other employees will be educated on these changes regarding fire drills during the monthly all staff meeting on May 30th, 2023. QA monitoring will be completed by the Administrator/Designee monthly x 1 year to ensure all fire drills are in compliance with NFPA 101. QA monitoring will be reported by the Administrator/designee to the QA Committee during their monthly QA Meeting. Any issues identified will be immediately corrected.	