

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

PRINTED: 05/28/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355087	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/26/2009
NAME OF PROVIDER OR SUPPLIER WEDGEWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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
K 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). The facility was located in a one-story building of Type V (000) construction that was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Smoke detection is installed in the corridors and resident rooms.	K 000	An upright sprinkler was placed in the formal dining room closet to ensure all areas are protected by the automatic fire sprinkler system (see attachment A).	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the lack of sprinkler protection in the Formal Dining Room closet.	K 056	Administration and Maintenance will monitor that this standard for installation of sprinkler systems is met and maintained throughout the facility in accordance with NFPA25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Maintenance was in-serviced on this requirement to ensure this practice will not recur. Maintenance/Administration will monitor on monthly walk-thru inspections of building that the facility is in compliance with Sprinkler System providing complete coverage. If concerns are identified, immediate corrective action will be implemented. Maintenance will report the monitoring results to the QA committee monthly.	060409 060409 060409

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patti Johnson	Administrator	060809

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.