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 _____	05/28/2024

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 05/28/2024 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 | 06/06/2024

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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	355087	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/28/2024**

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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 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced	K 351		7/12/24

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K 351	Continued From page 1 by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Fire department connection drainage. The piping between the check valve and the outside hose coupling shall be equipped with an approved automatic drip in areas subject to freezing. NFPA 13 8.17.2.6 Observation and record review determined the piping between the fire department connection check valve and the outside hose coupling was not equipped with an approved automatic drip. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury or death due to fire. The deficiency affected one (1) of numerous components of the automatic sprinkler system. The automatic sprinkler system serves the entire facility.	K 351	To ensure the automatic sprinkler system is in accordance with NFPA 13: On June 6, 2024 Johnson Controls installed the appropriate fire department connection drainage to ensure the piping between the check valve and the outside hose coupling are equipped with an approved automatic drip in areas subject to freezing. If any other sprinkler systems issues are identified during quarterly or annual inspections, the facility Maintenance Department and the Administrator will work with Johnson Controls to correct any deficient areas. The Maintenance Supervisor/Designee will monitor for any issues within the sprinkler system weekly x 1 month, monthly x 3 months, and quarterly thereafter x 1 year. The Maintenance Supervisor/Designee will report the Quality Assurance (QA) results to the QA Committee during the monthly QA Meeting. Any issues will be reported to the Administrator and immediately corrected.	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced	K 355		7/12/24

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K 355	Continued From page 2 by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Record review determined no documentation was available to indicate a monthly inspection of the Class K portable fire extinguisher located in the Kitchen had been completed during March 2024. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	To ensure portable fire extinguishers comply with NFPA 10, Standard for Portable Fire Extinguishers: a new fire extinguisher form was developed on June 6, 2024. The Maintenance Department will be educated on this change in process by June 30, 2024. Maintenance will utilize the fire extinguisher form during their monthly inspections that identifies the location of every fire extinguisher in the facility, they will place their initial/date by each identified fire extinguisher on the form that the monthly inspection was completed, and they will also initial/date the tag on each fire extinguisher during the monthly inspection. The Maintenance Supervisor/Designee will turn in this fire extinguisher form monthly to the Administrator for review. QA monitoring by the Maintenance Supervisor/Designee will occur monthly x 1 year to ensure that all fire extinguishers are inspected to meet compliance with NFPA 10. QA on the fire extinguisher audits will be reported to the QA Committee by the Maintenance Supervisor/Designee during the monthly QA Committee Meetings. Any issues identified will be reported to the Administrator and immediately corrected.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the	K 918		7/12/24

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K 918	Continued From page 3 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, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Diesel generator sets in service shall be	K 918	To ensure the facility's emergency generator is in compliance with NFPA 99 Health Care Facilities Code and NFPA 110 Standards for Emergency and Standby Power Systems: Maintenance staff will be re-educated by June 30, 2024 that generator sets are	

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K 918	Continued From page 4 exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.2, 8.4.2.3 Review of generator test records and interview with staff did not indicate the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the 200 kW diesel generator loaded the generator to at least 30% (60 kW) of the nameplate rating. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercises. Failure to inspect, test and maintain the	K 918	inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, exercised annually with supplemental loads when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercise, and exercised once every 36 months for 4 continuous hours. The generator will be exercised monthly with the EPSS load and will be exercised annually with the supplemental loads as per requirements of NFPA 99 and NFPA 110. The facility maintenance department will complete the weekly, monthly, and annual maintenance/inspections of the emergency generator. Cummins is scheduled on June 18, 2024 to complete full service of the generator, load bank of 4 continuous hours, and battery replacement. Cummins will complete the required 4 hour load test every 36 months. The Maintenance Supervisor/Designee will monitor that the emergency generator is maintained in accordance with NFPA 99. QA audits will be completed by the Maintenance Supervisor/Designee to ensure compliance with the emergency generator is maintained weekly x 1 month, monthly x 3 months, quarterly thereafter x 1 year, and annually for an additional 2 years to ensure the 4 hour load limit is completed every 36 months. The Maintenance Supervisor/Designee will report their QA results to the QA Committee during the regularly scheduled monthly QA meeting.	

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K 918	Continued From page 5 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	Any issues identified will be reported to the Administrator and corrected immediately.	