

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



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 _____		PRINTED: 06/19/2014 FORM APPROVED OMB NO. 0938-0391 JUN 26 2014 DATE SURVEY COMPLETED DIVISION OF LIFE SAFETY AND CONSTRUCTION
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). The findings that follow demonstrate noncompliance with these requirements. 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 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation and record review determined: 1) There was no remote stop switch for the emergency generator located outside of the generator room.	K 144	The facility will ensure it is in compliance with the NFPA 110 Standard for Emergency and Standby Power Systems by: 1). Placing a remote stop switch for the emergency generator outside of the generator room. 2). The specific gravity and water levels of the emergency generator battery will be checked at 7 day intervals as required. The Maintenance Department will have an in-service on the location and function of the remote stop switch and the requirement to check and record the specific gravity and water levels of the emergency generator weekly (see Att. A). QA monitoring of the remote stop switch and checking the specific gravity and water levels will occur weekly x 1 month, monthly x 3		8/01/14 8/01/14 8/1/14

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

Patti Johnson

TITLE

Administrator

(X6) DATE

06/24/2014

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.

*emailed
6-26-14*

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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 06/17/2014
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 144	Continued From page 1 2) The specific gravity and water levels of the emergency generator battery were not checked at 7 day intervals as required. The deficiency affected one (1) of one (1) emergency generator.	K 144	months, and quarterly thereafter x 1 year by the Maintenance Department. Any issues identified will be reported to the Administrator and immediate corrective action will occur. Maintenance will report their QA findings to the Quality Assurance Committee at their monthly meetings.	8/01/14	