STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355087	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/05/2015**

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
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 the1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 7.2.1.5.1. The facility failed to ensure exit access was readily accessible at all times. Observation determined all the exit doors in the means of egress were equipped with a magnetic locking device that required a keypad to override the lock from the egress side. The magnetic locks did not have a delayed egress feature.	K 038	The facility will ensure it is in compliance with NFPA 101 standard to ensure exit access is easily accessible at all times by: 1. Having the 15 seconds delayed egresses programmed on all eight (8) exits of the facility and eliminate the keypad that overrides the lock from the egress side. The company that has been hired to manage the facility security systems has been contacted to equip the eight (8) exits with the required delayed egress feature. Instructions on overriding key codes will be replaced with ¿To exit, hold the egress bar for 15 seconds¿ to	8/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/14/2015

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K 038	Continued From page 1 Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from eight (8) of eight (8) designated exits in the facility. Ref: 2000 NFPA 101 Section 19.2.2.2.4, 7.2.1.6.2	K 038	release the magnet lock. 2. The company that installs the required delayed egress feature to the eight (8) egress exits will be scheduled to perform semi-annual testing of the delayed egress feature. 3. Maintenance department will have an in-service on the functions and locations of the delayed egress and requirements to check and record functionality. Facility maintenance personnel will also test and document the delayed egress feature weekly x 1 month and quarterly x 6 months. Delayed egress feature will be included on the maintenance department quarterly documented monitoring schedule. 4. All reports for completion and monitoring delayed egress will be submitted to the Quality Assessment/Performance Improvement committee and outcomes shall be discussed during monthly QA.	
K 052	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		8/31/15

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The fire alarm system batteries were load voltage tested by an outside company during the annual inspection on 04/16/2015. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to test and maintain the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	The facility will ensure it is in compliance with NFPA 72 standard to test and maintain the fire alarm system by: 1. Ensuring we have a system in place that monitors the testing of the load voltage of the sealed lead acid batteries. 2. The company that has been hired to conduct the semi-annual load voltage test of the sealed lead batteries has been scheduled to conduct the required load voltage tests of the batteries semi annually. Result of the test will be documented. 3. Maintenance department will have an in-service on the functions and location of the sealed lead acid batteries. There will be a log in place to monitor testing compliance of the load voltage of sealed acid batteries. Facility maintenance personnel will also include required semi-annual tests of the sealed lead acid batteries in the annual facility maintenance calendar. 4. Documentation of the testing will be submitted to the Quality Assessment/Performance Improvement committee and outcomes shall be discussed during QA.	
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		8/31/15

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review determined: 1) The sprinkler system gauges had not been replaced or calibrated within the last five (5) years. The deficiency affected one (1) of numerous tests and maintenance items of the automatic sprinkler system. The automatic sprinkler system serves the entire building. 2) The quarterly flow tests of the automatic sprinkler system were done on 01/24/2015 and 06/23/2015 by an outside company. Records did not indicate any other flow tests had been done in the past year. This deficiency affected two (2) of four (4) required flow tests of the automatic sprinkler system in the past year. Failure to maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 062	The facility will ensure it is compliance with NFPA 25, standard for the inspection, testing and maintenance of water-based fire protection systems by: 1. Having a system in place that monitors compliance of 1)replacing/calibrating sprinkler system guages 2) quarterly tests of the automatic sprinkler system. 2. A contractor has been scheduled to 1) replace the sprinkler system gauges to ensure that the system will operate reliably throughout the entire facility in the event of a fire. Contractor will fully document work done. 2) conduct the quarterly flow tests of the automatic sprinkler system as required, document results and make repairs if necessary 3. Maintenance department will have an in-service on the functions and locations of the automatic sprinkler systems. They will have a log in place to include 1) dates of the required replacement or calibration of the sprinkler system gauges and 2) monitor inspection compliance of the flow test of automatic sprinkler system. The facility maintenance personnel will also include scheduled dates in the annual facility maintenance calendar. 4. Reports of work done will be submitted by maintenance department to the Quality Assessment/Performance Improvement committee upon completionOutcomes shall be discussed	

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K 062	Continued From page 4	K 062	during QA.	
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Ref: NFPA 110, 6-3.5 Based on record review, the facility failed to provide evidence of an annual maintenance program for the transfer switches. Failure to maintain transfer switches increases the risk of death or injury due to fire. This deficiency affected three (3) of three (3) transfer switches in the facility.	K 130	The facility will ensure it is in compliance with NFPA 110, standard for emergency and standby power systems by: 1. Ensuring that we have a program in place that monitors annual maintananace of all three (3) transfer switches. 2. An outside contractor has been scheduled to maintain the three transfer switches for the emergency and standby power system for connections, evidence of overheating and excessive contact erosion, removal of dust and dirt and replacement of contacts if required. 3. Maintenance department will have an in-service on the functions and locations of the transfer switches and the requirements for maintenance of the transfer switches annually. Annual inspection of the emergency and standby power system will be included in the calendar of the maintenance department and arrangements made for the inspection to be conducted by an outside contractor. 4. Maintenanace staff will report completion and results of inspection of the three transfer switches to the Quality Assessment/Performance Improvement committee upon completion and	8/31/15

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K 130	Continued From page 5	K 130	outcomes shall be discussed during QA	