

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

PRINTED: 10/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355111		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2019	
NAME OF PROVIDER OR SUPPLIER ST LUKES SUNRISE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 705 SE 4TH ST CROSBY, ND 58730			
(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 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 that was protected with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and smoke detection throughout the corridor system.			K 000			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.			K 324			7/24/19

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

TITLE

(X6) DATE

Electronically Signed

08/02/2019

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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K 324	Continued From page 1 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 7.2.1 At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 7.2.2 Review of documentation and interview with staff	K 324	K324 Cooking Facilities 1. On the day of survey an inspection tag was attached to the hood with dates and names of staff inspections written on the tag. This process will continue monthly. In addition, a monthly monitoring inspection form was created to track compliance with monthly inspections by the maintenance department staff in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. This monthly inspection log contains the following areas inspected and all areas of the building will be inspected, not just the area identified as deficient during survey: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall		

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K 324	Continued From page 2 determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed in the past year. An outside company did conduct semi-annual inspections of the system. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324	be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 2. No other areas are affected by this deficient practice. 3. and 4. Monthly inspection completed July 24, 2019 and will be monitored during quality assurance and safety meetings with a 100% compliance benchmark expectation. This process will continue monthly. In addition, a monthly monitoring inspection form was created to track compliance with monthly inspections by the maintenance department staff in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 5. Corrective action was taken July 24, 2019.		
K 355 SS=F	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 by: Portable fire extinguishers shall be provided in	K 355	K355 Portable Fire Extinguishers		8/31/19

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K 355	Continued From page 3 all health care occupancies. Extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 19.3.5.12, 9.7.4.1 Fire extinguishers having a gross weight not exceeding 40 lb. (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb. (18.14 kg) (except wheeled types) shall be installed so that the top of the fire extinguisher is not more than 3 1/2 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm). NFPA 10 6.1.3.8.1, 6.1.3.8.2, 6.1.3.8.3 The facility failed to install fire extinguishers in accordance with NFPA 10. Observation determined portable fire extinguishers throughout the facility were installed with the top of the extinguisher more than 5 ft. above the floor. Failure to install fire extinguishers in accordance with NFPA 10 increases the risk of injury or death due to fire. The deficiency affected numerous fire extinguishers in the facility.	K 355	1. All portable fire extinguishers in the building will be replaced by August 31, 2019, with 5 pound models as suggested by the survey team in order to bring the top of the fire extinguisher not more than 3 1/2ft above the floor and the clearance between the bottom of the portable fire extinguisher and the floor will not be less than 4 in. 2. All areas of the building are affected by this deficient practice. 3. Portable fire extinguishers will be replaced. 4. No further monitoring needed. 5. All fire extinguishers will be replaced by August 31, 2019.		
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	K 918			8/31/19

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K 918	Continued From page 4 and associated equipment is capable of supplying service within 10 seconds. If the 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 test the emergency power generator in accordance with NFPA 110, Standard for Emergency Power and Standby Systems.	K 918	K918 Electrical Systems 1. A thirty six month audit form has been created to include the testing of the emergency power generator by the		

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K 918	Continued From page 5 Record review and interview with staff determined the diesel emergency power generator was not exercised under load for 4 continuous hours in the past 36 months. Failure to test the emergency power generator in accordance with NFPA 110 increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) emergency power generator in the facility. The emergency power generator serves the entire facility.	K 918	maintenance department staff. There is only one emergency power generator in the facility. The first emergency generator 4 continuous hour load test was completed on August 1, 2019, in which the unit was not able to carry a full load for the entire length of time. The service technician from Interstate Power Systems concluded this was due to the temperature of the unit. The technician adjusted the thermostat of the unit and will return the week of August 5, 2019 to complete another 4 continuous hour load test. Interstate Power Systems is providing a quote for a replacement emergency generator should the generator still not perform for a full 4 hour load capacity during the next test, at which time the unit would be replaced by August 31, 2019. 2. No other areas of the building are affected by this deficient practice as we only have one emergency generator. 3. Emergency generator will be testing for a continuous load for four hours every 36 months. 4. Compliance with a 100% benchmark expectation will be reviewed during quality and safety meetings. 5. The first emergency generator 4 continuous hour load test was completed on August 1, 2019, in which the unit was not able to carry a full load for the entire length of time. The service technician		

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