

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

PRINTED: 10/24/2018
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 08/15/2018	
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 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1.			K 211	1. Environmental Service Supervisor completed inspection of all fire-rated door assemblies on August 28, 2018. All are within normal operating parameters. 2. All fire-rated doors and assemblies are at risk in the skilled nursing facility. 3. All fire-rated door assemblies inspection log for monthly checks implemented. 4. The Environmental Service Supervisor		9/29/18

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

TITLE

(X6) DATE

Electronically Signed

08/28/2018

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 211	Continued From page 1 Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected all fire rated door assemblies throughout the facility.	K 211	(or designee) will monitoring monthly and report results to the QA committee monthly. 5. September 29, 2018.		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage	K 353			9/29/18

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K 353	Continued From page 2 for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible. NFPA 25, 5.2.6 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and observation determined: 1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) There was no hydraulic nameplate attached to the automatic sprinkler system. Failure to inspect, test and maintain the automatic sprinkler system in accordance with	K 353	K353-1 1. Environmental Service Supervisor completed check of the control valves, pressure gauges, and system pressures on August 28, 2018. All are within normal operating parameters. 2. Any area in the skilled nursing facility has the potential to be affected. 3. Sprinkler suppression system inspection log for monthly checks implemented. 4. The Environmental Service Supervisor (or designee) will monitor monthly and report results to the QA committee monthly. 5. September 29, 2018.		

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K 353	Continued From page 3 NFPA 25 increases the risk of death or injury due to fire.	K 353			
K 712 SS=E	The deficiency affected the complete automatic sprinkler system, which serves the entire facility. Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined the last four (4) fire drills for the AM shift occurred at 8:45am, 10:00am, 9:12am and 9:14am. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Three (3) fire drills in the past year all occurred at times within 29 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 712	1. Future fire drills will be conducted under varied times (greater than 1 hour) on each shift. 2. Any area of the skilled nursing facility has the potential to be affected. 3. Fire drill logs have been timed for the upcoming year to have greater than 1 hour variance on each shift. 4. The Environmental Service supervisor (or designee) will monitor monthly and report time of fire drill to the QA committee monthly. 5. September 29, 2018	9/29/18	

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K 712	Continued From page 4 The deficiency affected three (3) of twelve (12) drills in the past year.	K 712			