North Dakota Deoartment of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8007	A. BUILDING: 01 - **MAIN** BUILDING 01 B. WING_____	04/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS HOME	**1107 WALNUT** STE DEVILS **LAKE, ND 58301**

(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)	(XS) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story structure of Type V (111) construction protected throughout with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 2.0.	K000		
K 321	Inspection of Door Openings Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.7.7 This state licensing rule is not met as evidenced by: Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually. 33.7.7, 7.2.1.15	K321		

Health Resources Section

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

Marlee Ulrich | Administrator | 4-21-2021

North Dakota Deoartment of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8007	A. BUILDING: 01 • MAIN BUILDING 01 B.WING _____	04/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS HOME	1107 WALNUT STE DEVILS LAKE, ND 58301

()(4) 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 APPROPRIATEDEFICIENCY)	(X5) COMPLETE DATE
K 321	Continued From page 1 The facility failed to inspect and test door assemblies as required. Review of records and interview of staff determined annual door assembly inspections were not completed. Failure to inspect and test door assemblies in the means of egress increases the risk of death or injury due to fire. This deficiency affected all door assemblies required to swing in the direction of egress throughout the facility.	K321	K321 1. Maintenance will conduct the annual inspections of all doors and door assemblies by April 23, 2021 and in the month of April each year going forward. 2. Maintenance during their April annual inspections of the doors and assemblies they will be looking at all doors and all door assemblies making sure that all smoke seals are sealing and that the assemblies are closing correctly and securely repairing and noting any areas of concerns on the flow sheet that is located in the "Life Safety" binder located in the administrator's office. 3. Maintenance will complete all the required inspections recording the findings in the life safety binder. The administrator will review the annual life safety binder before April 30th of each year to make sure that all inspections are being completed and properly documented by the maintenance staff.	4-23-2021

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IMPORTANT NOTICE - PLEASE READ CAREFULLY

April 16, 2021

Basic Care License Number: 8007

Mark Ulrich, Administrator
Odd Fellows Home
1107 Walnut St E
Devils Lake, ND 58301-3240

On April 14, 2021, a Life Safety Code survey was completed at your basic care facility by the North Dakota Department of Health, Division of Life Safety & Construction, to determine if your facility was in compliance with state licensing requirements for basic care facilities in North Dakota.

All references to regulatory requirements contained in this letter are found in North Dakota Century Code Chapter 23-09.3 and North Dakota Administrative Code Chapter 33-03-24.2.

A statement of deficiencies found during this survey is enclosed. All deficiencies cited on this form require a plan of correction (PoC), including a specific date for completion. Corrections need not be completed before this form is returned, but there must be a specific statement of how each deficiency will be corrected or how it was corrected. The plan of correction must be signed and dated in the space provided at the bottom of the form. Please have your plans of correction mailed by April 25, 2021.

Your PoC must contain the following:

1. How the corrective action will be accomplished.

2. How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice.

3. What measures will be put into place or what systemic changes made to ensure that the deficient practice will not recur.

4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.

5. Date(s) when the corrective action(s) will be completed. These date(s) must be acceptable to the department. Corrections must be completed within sixty days of the survey completion date or June 13, 2021, unless an alternative schedule of correction is accepted by the department.

A copy of the enclosed form will be used for public disclosure purposes. Please make a copy for your files.

David L. Nelson, Director
Division of Life Safety & Construction

Enclosures
c: Board President
Ombudsman

CERTIFIED MAIL

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8007	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	04/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS HOME	1107 WALNUT ST E DEVILS LAKE, ND 58301

(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) COMPLETE DATE
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Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8007	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**04/14/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS HOME	**1107 WALNUT ST E** **DEVILS LAKE, ND 58301**

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April 9, 2021

Mark Ulrich, Administrator
Odd Fellows Home
1107 Walnut St E
Devils Lake, ND 58301-3240

BASIC CARE FACILITY
ANNOUNCED LIFE SAFETY CODE SURVEY

The announced Life Safety Code survey of your basic care facility will be conducted on April 14, 2021.

The facility must post the notice of the upcoming announced survey on the day the emailed letter is received announcing the survey. The notice should be posted at a minimum of two locations, including the main entrance of your facility as well as another location that can be easily viewed by the residents and families in the facility. The notices shall remain posted until the survey is completed.

Enclosed is a form titled Basic Care Facility Life Safety Code Requirements. To expedite the survey process, please have this information available to the Fire Safety Surveyor at the time of the survey along with the evacuation scores for each resident.

The survey will determine your facility's level of compliance with the state basic care licensing rules. It is important key facility staff be available throughout the survey.

The surveyor will be available to answer any questions you may have.

Roseanne Peterson

for Kevin Himmelspach
Health Facility Fire Safety Surveyor
Division of Life Safety & Construction

North Dakota Department of Health
Division of Life Safety and Construction
04-2020

Documentation for Review
Life Safety Code – Basic Care

Policies/Procedures

_____ **Fire Emergency Plan**
_____ **Fire Watch and Notification**
_____ **Smoking Policy**

Fire Emergency Plan: A written plan must be provided for the protection of all patients and residents and for their evacuation in an emergency. The plan must include use of the alarm system, transmission of the alarm to the fire department, emergency phone call to the fire department, response to the alarm, isolation of the fire, evacuation of the area, evacuation of the smoke compartment, preparation for evacuation, and fire extinguishment.

Fire Watch and Notification: Where a fire alarm system is out of service for more than 4 hours in a 24-hour period, or an automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the Health Department must be notified, and the building must be evacuated or an approved fire watch provided for all areas left unprotected by the shutdown until the system has been returned to service. The fire watch must be conducted by dedicated personnel and the individuals cannot be assigned additional duties.

Smoking Policy: A written smoking policy must be developed and enforced. Staff, patients, residents, and the general public that frequent the building must be taken into consideration when developing the smoking policy. Smoking policies should be posted in conspicuous locations.

Records

_____ **Automatic Sprinkler System Inspection & Testing**
_____ **Automatic Sprinkler System Valves & Gauges**
_____ **Battery Pack Exit Signs and Emergency Lighting**
_____ **Fire Alarm System**
_____ **Fire Alarm Circuit Location Identified**
_____ **Fire Alarm Devices**
_____ **Smoke Detectors**
_____ **Fire Dampers – 4 years**
_____ **Fire Door Inspections**
_____ **Fire Drills – Monthly – 1 full evacuation per year**
_____ **Floor Finish**
_____ **Furnishings, Mattresses and Decorations**
_____ **Generator Inspection & Testing**
_____ **Generator 3 Year 4 Hour Load Test**
_____ **Generator (Diesel) 30% Load Testing**
_____ **Generator Transfer Switch**
_____ **Interior Finish**
_____ **Portable Fire Extinguishers**
_____ **Range Hood System Semi-annual & Monthly**

Automatic Sprinkler System Inspection & Testing: The automatic fire sprinkler system must be inspected and tested in accordance with NFPA 25. A supply of spare sprinklers must be maintained on the premises (never fewer than six). The stock of spare sprinklers must correspond to all types and temperature ratings installed in the building. A sprinkler wrench must be kept on hand in a cabinet. The clearance between the sprinkler deflector and the top of storage cannot be less than 18 inches. This would include materials placed on shelves in closets, storage rooms, etc.

Automatic Sprinkler System Valves & Gauges: All valves shall be inspected weekly. Valves electrically supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and electrically supervised.

The valve inspection shall verify that the valves are in the following condition:
1) In the normal open or closed position
2) Sealed, locked, or supervised
3) Accessible
4) Provided with correct wrenches
5) Free from external leaks
6) Provided with applicable identification

Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.

Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.

Battery Pack Exit Signs and Emergency Lighting: Battery pack exit signs and emergency lighting must to be tested for 30 seconds at least monthly and annually for a 90-minute period. Equipment must be fully operational for the duration of the test. In exit signs with two bulbs, both bulbs must be functional. Battery pack emergency lighting is required at the generator and anesthetizing locations.

Fire Alarm System: The automatic dialer portion of the fire alarm system must be tested monthly, and a complete fire alarm system test and servicing must be performed on an annual basis. The monthly testing may be done in conjunction with the fire drill. Note that activation of the fire alarm is not required during the drill on the night shift. However, the fire alarm system must still be tested each month. The fire alarm can be tested by activating a manual pull station or smoke detector. Upon activation of the alarm, determine that smoke and fire doors close properly, the fire department notification device functions, smoke dampers close, etc. Annual test documentation must itemize initiation devices and notification devices individually and list device type, address, location, and test results.

Fire Alarm Circuit Location Identified: The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. For fire alarm systems, the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT" and shall have a red marking. The circuit disconnecting means shall be accessible only to authorized personnel. The dedicated branch circuit(s) and connections shall be protected against physical damage.

Fire Alarm Devices: Device test results (alarm initiating, supervisory alarm initiating, and notification) shall provide an itemized list with the device type, address, location, and test result as required.

Smoke Detectors: The sensitivity of the smoke detectors must be determined during the first year after installation and every alternate year thereafter. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests can be extended, not to exceed 5 years.

Fire Dampers: Fire dampers need to be continuously maintained in a reliable operating condition as required by NFPA 90A. Maintenance for fire dampers is to be performed at least every 4 years. Maintenance of fire dampers includes: fusible links removed; dampers operated to verify that they close fully; latch, if provided, checked; and moving parts lubricated as necessary.

Fire Door Inspections: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually.

Fire Drills: Each resident shall receive an individual fire drill walk-through within five days of admission. Residents and staff, as a group, must evacuate the building or relocate to an assembly point identified in the fire evacuation plan. One drill per year for total building evacuation by all staff and residents is required. Drills must be conducted monthly (a minimum of 12 per year) alternating with all work shifts.

Written records of fire drills must be maintained. Written documentation must include the dates and times of drills, duration, staff and residents participating, residents absent and why, description of the drill, including escape path used, and evidence of a simulated call to the fire department.

Floor Finish: Interior floor finish must be Class I or Class II floor finishes (such as carpet) in corridors and exits. Facilities must have documentation as to the floor finish rating of the material.

Furnishings, Mattresses and Decorations: In areas not protected by automatic fire sprinklers, newly introduced upholstered furniture owned by the facility must meet NFPA 260 and ASTM E 1537, upholstered furniture belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. In areas not protected by automatic fire sprinklers, newly introduced mattresses owned by the facility must meet ASTM E 1590, mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall meet the NFPA 701, In other than common areas, new draperies, curtains, and other similar loosely hanging furnishings and decorations shall not be required to comply where the building is protected throughout by an approved automatic sprinkler system.

Generator Inspection & Testing: Generator sets (used for emergency lighting) shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.

Generator 3 Year 4 Hour Load Test: Generator sets (used for emergency lighting) shall be exercised under load once every 36 months for 4 continuous hours.

Generator (Diesel) 30% Load Testing: Diesel generator sets (used for emergency lighting) in service shall be 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.

Generator Transfer Switch: Generator automatic transfer switches (used for emergency lighting) must be operated monthly, consisting of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends an annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch.

Interior Finish: Interior finish documentation is required for wall and ceiling materials that are required to have a Class A or Class B interior finish rating.

Portable Fire Extinguishers: Monthly and annual maintenance of the portable fire extinguishers must be conducted. The 6-year chemical change for dry chemical fire extinguishers and the 12-year hydrostatic vessel test must be performed. CO_2 portable fire extinguisher vessels must be hydrostatically tested every 5 years.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. On a monthly basis an inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.

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.

If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.

A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.

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Residents, family members, and staff;

The North Dakota Department of Health is in your basic care facility conducting an announced Life Safety Code inspection on April 14, 2021.

If you have any questions or concerns regarding the survey, we would be happy to meet with you. Or if you wish to call our office, we can be reached at 701-328-4873.

Thank you.

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