| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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<br><br>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.<br><br>The facility was located in a one-story building of Type V (111) construction with no basement. The facility was protected throughout by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. | K 000 | | |
| K 324 SS=D | Cooking Facilities<br>CFR(s): NFPA 101<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* 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<br>* 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<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>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 | | 9/16/19 |

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

Electronically Signed | 08/26/2019

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 324 | Continued From page 1<br>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<br><br>This REQUIREMENT is not met as evidenced by:<br>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.<br><br>On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.<br><br>At a minimum, this quick check or inspection shall include verification of the following:<br><br>1) The extinguishing system is in its proper location.<br>2) The manual actuators are unobstructed.<br>3) The tamper indicators and seals are intact.<br>4) The maintenance tag or certificate is in place.<br>5) No obvious physical damage or condition exists that might prevent operation.<br>6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.<br>7) The nozzle blowoff caps, where provided, are intact and undamaged.<br>8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.<br><br>If any deficiencies are found, appropriate | K 324 | 1. Action taken: A monthly visual inspection checklist will be developed and inspections will be conducted by a member of the maintenance staff and shall include the following:<br>a. The extinguishing system is in its proper location.<br>b. The manual actuators are unobstructed.<br>c. The tamper indicators and seals are intact.<br>d. The maintenance tag or certificate is in place.<br>e. No obvious physical damage or condition exists that might prevent operation.<br>f. The pressure guage, if provided, shall be inspected physically or electronically to ensure it is in the operable range.<br>g. The nozzle blowoff caps, where provided, are intact and undamaged.<br>h. Neither the protected equipment nor the hazard has been replaced, modified, or relocated.<br>These inspections will be documented monthly.<br>If any deficiencies are found, action will be taken immediately and a trained service technician will be contacted to complete the work necessary. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 324 | Continued From page 2<br>corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician.<br>Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions.<br>At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded.<br>The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6<br><br>Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed.<br><br>Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire.<br><br>This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility. | K 324 | 2. This is the only wet chemical extinguishing system in the building.<br>3. Measures taken/systems put into place to reduce risk of future occurrence: The Support Services Coordinator (maintenance supervisor) will print out the monthly inspection forms for a calendar year at a time and place them in the maintenance book for completion.<br>4. How the corrective actions will be monitored: A quality assurance checklist will be developed to ensure that the inspection was completed monthly. This QA will be carried out by the Support Services Coordinator or her designee on a monthly basis for three months and quarterly thereafter until deemed not needed by the QAPI committee. The results of these QA's will be reviewed by the QAPI committee. | |
| K 353 SS=F | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101<br><br>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.<br>a) Date sprinkler system last checked | K 353 | | 9/26/19 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 353 | Continued From page 3<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by:<br>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 8.2, 8.2.1, 8.2.2, 8.3, 8.3.1, 8.3.2, 13.2.7.1, 13.3.2.1.1<br><br>The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25.<br><br>Record review and interview with staff determined:<br><br>1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly.<br><br>2) Weekly inspections of the electric motor-driven fire pump were not documented. | K 353 | 1. Action taken: A monthly inspection checklist of the control valves and guages of the automatic sprinkler system, a weekly inspection checklist of the electric motor-drive fire pump, and a monthly checklist showing the test of the electric motor-drive fire pump will be developed and inspections will be conducted by a member of the maintenance staff. The checklist will include all items as required by NFPA 25 and listed in the deficiency tag. These inspections will be documented when completed.<br>If any deficiencies are found, action will be taken immediately and a trained service technician will be contacted as necessary.<br>2. This deficiency involves the complete automatic sprinkler system which affects the entire facility.<br>3. Measures taken/systems put into place to reduce risk of future occurrence: The Support Services Coordinator (maintenance supervisor) will print out the weekly and monthly inspection forms for a calendar year at a time and place them in the maintenance book for completion. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 353 | Continued From page 4<br>Fire pump inspections shall be conducted as follows:<br>The pertinent visual observations specified in the following checklists shall be performed weekly:<br>(1) Pump house conditions as follows:<br>(a) Heat is adequate, not less than 40°F (5°C) for pump room with diesel pumps without engine heaters.<br>(b) Ventilating louvers are free to operate.<br>(2) Pump system conditions as follows:<br>(a) Pump suction and discharge and bypass valves are fully open.<br>(b) Piping is free of leaks.<br>(c) Suction line pressure gauge reading is within acceptable range.<br>(d) System line pressure gauge reading is within acceptable range.<br>(e) Suction reservoir is full.<br>(f) Wet pit suction screens are unobstructed and in place.<br>(g) Waterflow test valves are in the closed position.<br>(3) Electrical system conditions as follows:<br>(a) Controller pilot light (power on) is illuminated.<br>(b) Transfer switch normal pilot light is illuminated.<br>(c) Isolating switch is closed - standby (emergency) source.<br>(d) Reverse phase alarm pilot light is off, or normal phase rotation pilot light is on.<br>(e) Oil level in vertical motor sight glass is within acceptable range.<br>(f) Power to pressure maintenance (jockey) pump is provided.<br>(4) Diesel engine system conditions as follows:<br>(a) Fuel tank is at least two-thirds full.<br>(b) Controller selector switch is in auto position.<br>(c) Batteries' (2) voltage readings are within | K 353 | 4. How the corrective actions will be monitored: A quality assurance checklist will be developed to ensure that the inspection was completed monthly. This QA will be carried out by the Support Services Coordinator or her designee on a monthly basis for three months and quarterly thereafter until deemed not needed by the QAPI committee. The results of these QA's will be reviewed by the QAPI committee. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 353 | Continued From page 5<br>acceptable range.<br>(d) Batteries' (2) charging current readings are within acceptable range.<br>(e) Batteries' (2) pilot lights are on or battery failure (2) pilot lights are off.<br>(f) All alarm pilot lights are off.<br>(g) Engine running time meter is reading.<br>(h) Oil level in right angle gear drive is within acceptable range.<br>(i) Crankcase oil level is within acceptable range.<br>(j) Cooling water level is within acceptable range.<br>(k) Electrolyte level in batteries is within acceptable range.<br>(l) Battery terminals are free from corrosion.<br>(m) Water-jacket heater is operating.<br>(5) Steam system conditions: Steam pressure gauge reading is within acceptable range.<br><br>3) Monthly testing of the electric motor-driven fire pump was not documented.<br><br>Fire pump testing shall be conducted as follows:<br>Diesel engine-driven fire pumps shall be operated weekly.<br>Electric motor-driven fire pumps shall be operated monthly.<br>A test of fire pump assemblies shall be conducted without flowing water. The test shall be conducted by starting the pump automatically. The electric pump shall run a minimum of 10 minutes. The diesel pump shall run a minimum of 30 minutes. A valve installed to open as a safety feature shall be permitted to discharge water. An automatic timer shall be permitted to be substituted for the starting procedure. Qualified operating personnel shall be in attendance whenever the pump is in operation.<br>The pertinent visual observations or adjustments | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 353 | Continued From page 6<br>specified in the following checklists shall be conducted while the pump is running:<br>(1) Pump system procedure as follows:<br>(a) Record the system suction and discharge pressure gauge readings.<br>(b) Check the pump packing glands for slight discharge.<br>(c) Adjust gland nuts if necessary.<br>(d) Check for unusual noise or vibration.<br>(e) Check packing boxes, bearings, or pump casing for overheating.<br>(f) Record the pump starting pressure.<br>(2) Electrical system procedure as follows:<br>(a) Observe the time for motor to accelerate to full speed.<br>(b) Record the time controller is on first step (for reduced voltage or reduced current starting).<br>(c) Record the time pump runs after starting (for automatic stop controllers).<br>(3) Diesel engine system procedure as follows:<br>(a) Observe the time for engine to crank.<br>(b) Observe the time for engine to reach running speed.<br>(c) Observe the engine oil pressure gauge, speed indicator, water, and oil temperature indicators periodically while engine is running.<br>(d) Record any abnormalities.<br>(e) Check the heat exchanger for cooling waterflow.<br>(4) Steam system procedure as follows:<br>(a) Record the steam pressure gauge reading.<br>(b) Observe the time for turbine to reach running speed.<br><br>Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. | K 353 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/13/2019** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MARYHILL MANOR** | **110 HILLCREST DR**<br>**ENDERLIN, ND 58027** |

| (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 353 | Continued From page 7<br><br>The deficiency affected the complete automatic sprinkler system, which serves the entire facility. | K 353 | | |