

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

PRINTED: 02/24/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355123		(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BETHANY ON 42ND B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2016	
NAME OF PROVIDER OR SUPPLIER BETHANY ON 42ND				STREET ADDRESS, CITY, STATE, ZIP CODE 4255 30TH AVE S FARGO, ND 58104			
(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 two-story building of Type II (111) construction. Resident sleeping rooms were located on both floors of the two-story building. An adjacent one-story building of Type II (000) construction was separated from the two-story building with a fire barrier designed to have a two-hour fire resistance rating. The one-story building housed resident services to include a theater, beauty salon, administrative offices and a cafe. A partial basement was beneath this building. The buildings were protected throughout by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Apartment buildings were attached to the west and north sides of the one-story building and were separated by occupancy separation walls having a two-hour fire resistance rating.			K 000			
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1.			K 347			12/20/16

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

TITLE

(X6) DATE

Electronically Signed

11/23/2016

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 347	Continued From page 1 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	1) Bethany will adjust the identified smoke detectors to be more than the 3' from an air supply diffuser or return air opening. To accomplish this, Bethany building services staff will move smoke detectors in the drop in ceiling locations. Bethany has hired an electrician to move smoke detectors on hard lid ceilings. 2) Bethany Building Services staff checked all SNF smoke detectors for compliance. Smoke detectors that were identified to be closer than 3' from an air intake will be moved. 3) Bethany's architects are aware of this requirement for future projects. 4) Bethany's Director of Building Services and/or the Building Services Lead will inspect the work after it is complete.		
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing 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	K 353		12/20/16	

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K 353	Continued From page 2 <u>c) Water system supply source</u> Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD 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 4.1.1.1.1, 4.1.4.1 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) Review of automatic sprinkler system test records indicated the annual test of the automatic sprinkler system was not performed as required. The most current automatic sprinkler system annual test was conducted on 08/30/2016 and the previous test was conducted on 07/14/2015, exceeding the required annual testing requirement. 2) A sprinkler in Resident Room 151 had drywall joint compound on the glass bulb and may not operate at the correct temperature.	K 353	1) The sprinkler system test was completed. 2) No other portions of the facility can be affected. 3) Bethany has an annual sprinkler servicing contract with NOVA sprinkler system and they automatically come in August of every year. In 2015, they came 15 days early meaning that they needed to come in July again in 2016 and instead they came in August like they do most years. They serviced our sprinkler again in August, 2016 automatically as per contract. On 11-23-2016 Bethany's CEO confirmed with NOVA that Bethany is on the automatic August servicing contract and it will be done again in August of 2017. 4) Bethany added an appointment, for the annual checks, to the Microsoft Outlook calendars of Bethany's Director Building Services and Building Services Lead to show up in July and we will call NOVA to ensure they have us on their August schedule.		

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K 353	Continued From page 3	K 353			
K 901 SS=F	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. The deficiency affected the complete automatic sprinkler system, which serves the entire facility. NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment procedure. NFPA 99, 4.1, 4.2. The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building	K 901	1) Bethany's CEO will complete a facility assessment. 2) No areas were affected by not conducting this assessment 3) Bethany Director of Building Services will review the facility assessment in the future if any building components change after the initial assessment is completed. 4) The initial facility assessment will be completed and the facility assessment will be updated in the future, by Bethany's CEO or Director of Building Services if	12/16/16	

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K 901	Continued From page 4 systems increases the risk of injury or death due to fire.	K 901	any building components change.	11/23/16	
K 918 SS=F	This deficiency affected building systems throughout the entire facility. NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source 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 and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design	K 918			

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K 918	Continued From page 5 consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Generator sets 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. Diesel generator sets 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. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110.	K 918	1)Building Services staff will ensure a 30% generator load when they are doing their routine generator test. 2)No other areas are affected. 3)A line was added to the generator testing log that states the load must me a minimum load of 450KW. Based on the 1500KW name plate. 4)Building Services staff will continue their routine testing of the generator. They will continue to add electrical load until the 450KW EPSS load is achieved during these tests.		

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K 918	Continued From page 6 Review of generator test records did not indicate that minimum exhaust temperature provided by the manufacturer was achieved and indicated that the monthly exercise of the diesel generator loaded the generator to 28% (426 kW) on 11/17/2015, 15% (236 kW) on 01/14/2016, 26% (401 kW) on 03/01/2016, 16% (253 kW) on 05/24/2016 and 29% (444 kW) on 10/26/2016 of the nameplate rating. The nameplate rating of the generator was (1500 kW). The facility did not perform an annual supplemental load exercise as required when diesel generators are not loaded to 30% of nameplate rating or manufacturers recommended temperature during the required monthly exercises. Failure to inspect and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918			