STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES	1315 S UNIVERSITY DR FARGO, ND 58103

(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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type II (000) construction protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The building was of noncombustible construction except for the canopy (wood framed combustible construction) located at the building main entry. This combustible exterior canopy was isolated from the remainder of the building by a two-hour fire resistance rated masonry wall. The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care was used for the survey of the new south addition.	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and	K 054		

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

Shannon Ellering | Administrator | 3-5-15

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.

emailed 3-13-15

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K 054	Continued From page 1 marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. 1) On 02/17/2015, test records indicated the smoke detectors had not been tested for sensitivity since 01/17/2013. The only smoke detector sensitivity test the facility had on record was conducted on 01/17/2013. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. The two-year interval required smoke detector sensitivity testing in January 2015. 2) The 01/17/2013 smoke detector sensitivity test report indicated that three (3) analog duct smoke detectors and five (5) duct smoke detectors were not tested. Failure to maintain smoke detectors as required increases the risk of death or injury due to fire. This deficiency affected the entire building.	K 054	K 054 The center strives to ensure that smoke detectors are inspected and tested in accordance with manufacturer's specifications. 1. A smoke detector sensitivity test has been completed since the Life Safety Code Survey on February 17, 2015. Duct smoke detectors were tested as appropriate. 2. The smoke detector sensitivity test was completed throughout the facility. 3. Periodic inspections will be completed by the Maintenance Director to ensure smoke detector sensitivity tests are completed within appropriate frequencies and on duct smoke detectors. 4. Administrator to ensure compliance. 5. Compliance Date 4/3/2015	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25,	K 062		

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K 062	Continued From page 2 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review and observation determined: 1) No record of the required annual back flow preventer test was available. The deficiency affected one (1) of numerous required tests of the automatic sprinkler system, which serves the entire facility. 2) On 02/17/2015, the wet sprinkler system gauge dated June 2006 had not been replaced or calibrated within the last five (5) years. The deficiency affected one (1) of one (1) wet sprinkler system gauge. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system, which serves the entire facility. 3) Two (2) sprinklers in the East Dining Room were closer than the minimum of six feet apart. The deficiency affected one (1) of numerous areas in the facility. Failure to inspect, test and maintain the automatic	K 062	K 062 The center strives to ensure that sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 1. A back flow preventer test has been completed since the Life Safety Code Survey on February 17, 2015. The affected wet sprinkler system gauge was replaced since the Life Safety Code Survey on February 17, 2015. The two sprinklers in the East Dining Room will be moved to meet the minimum distance requirement. 2. Annual back flow test completed for facility compliance and an inspection of the facility has been completed to ensure other sprinkler system gauges and sprinkler heads meet requirements for replacement and distance.	

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K 062	Continued From page 3 sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.	K 062	Continued From Page 3 K 062 3. Annual backflow preventer tests were added to ManorCare of Fargo's vendor contract. Periodic inspections will be completed by Maintenance Director to ensure sprinkler gauges are being replaced as appropriate and sprinkler heads maintain distance requirements. 4. Administrator to ensure compliance. 5. Compliance Date 4/3/2015	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals as required. Failure to inspect and maintain the emergency generator in accordance with 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 144	K 144 The center strives to ensure that Generators are inspected weekly in accordance with NFPA 99. 1. Specific gravity of the emergency generator will be tested and recorded weekly beginning on the week of 3/9/15. 2. This facility has one emergency generator. 3. Maintenance Director will maintain weekly logs indicating emergency generator gravity tests. 4. Administrator to ensure compliance. 5. Compliance Date 4/3/2015	