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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING 03 - ORIGINAL MAIN BUILDIN(B. WING	01/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ON BROADWAY	1351 BROADWAY FARGO, ND 58102

(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 The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies, was used for this survey in compliance with 42 CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). The original four-story Rosewood on Broadway building was built in 1957 of Type II (222) construction. A one-story apartment was attached to the east side (north end) in 1987. The apartment is of Type V (000) construction without fire sprinkler protection and is separated from the 1957 building by a two-hour rated fire barrier. The apartment was not included in this survey. Another one-story addition was attached to the east side of the building during the 1980's of Type V (000) construction and protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler systems. This addition houses kitchen storage, a garage, and a chapel that is separated from the 1957 building by a two-hour fire barrier. A four-story addition of Type II (222) construction was attached to the south side of the 1957 building in 2004. A major remodel of the 1957 building was also done during 2004. The entire four-story building of Type II (222) construction is protected with a wet NFPA 13 automatic sprinkler system. Chapter 18 New Health Care Occupancies was used to survey the portion of the first floor south of the cross corridor smoke barrier doors by the elevators as well as the south half of the north smoke compartments and south smoke compartments on the second, third, and fourth floors. Chapter 19 Existing Health Care Occupancies was used to survey the one story	K 000		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

President & CEO 1/21/2010

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 ays 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 000	Continued From page 1 Type V (000) fully sprinklered addition, the portion of the first floor north of the cross corridor smoke barrier doors by the elevators and the north half of the north smoke compartments on the second, third, and fourth floors.	K 000	**K011** The door to the Payroll Records Room will be replaced with a door that meets the 2 hour fire rating. The replacement door will also be self closing. All doors within the facility that meet the standard for a 2 hour fire rating will be checked for compliance to the code. When the door to the Payroll Records room is replaced reoccurrence should no longer be an issue. Monitoring corrective action is a non-issue when the door has been replaced and meets the 2 hour fire rating code. This deficiency will be completed on or about February 27, 2010.	2/27/2010
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure the two-hour fire resistive rated wall between the one-story apartment and the facility was maintained. Observation determined the door to the Payroll Records Room (located in the apartment building) was located in the two-hour wall that separates the one-story apartment from the facility. The Payroll Records Room door was not labeled as a 90-minute fire rated assembly and was not self-closing.	K 011		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) Transfer switches must be subjected to a	K 130	**K130** 1. Transfer switches will be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt and replacement of contacts when required as indicated by NFPA 110, Standard for Emergency and Standby power Systems.	

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K 130	Continued From page 2 maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. The facility failed to provide documentation of a preventive maintenance program for the emergency generator electrical transfer switch. 2) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests of the battery-powered lighting in the Elevator Penthouse and by generator transfer switch located in the Boiler Room. 3) Records review indicated the facility failed to provide documentation that shows fire dampers were maintained in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Maintenance of fire dampers is required at least every 4 years. Maintenance of fire dampers includes: (a) Fusible links shall be removed. (b) All dampers shall be operated to verify that	K 130	**K130** The transfer switch is directed only to the emergency generator, therefore, no other transfer switch exists within the facility. Testing of the transfer switch and an audit trail documenting the event will be conducted monthly, and documentation will be introduced to verify the practice. Corrective action will be completed on 1/20/2010. 2. A functional test of emergency lighting system will be conducted at 30 day intervals for not less than 30 seconds. An annual test will be conducted on every battery-powered emergency lighting system for no less than 1 ½ hours. Testing of the equipment will be noted through visual inspection and documentation. All emergency lighting systems will be tested for battery powered emergency lighting to ascertain that they meet the testing requirements as outlined above. Testing of the emergency lighting system will be conducted and documented via an audit form. Testing of the emergency lighting system and an audit trail documenting the event will be conducted every month for 30	1/20/2010

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K 130	Continued From page 3 they close fully. (c) The latch, if provided, shall be checked. (d) Moving parts shall be lubricated as necessary.	K 130	**K130** Seconds, and documentation will verify practice. Corrective action will be completed on 1/20/2010. 3. A functional test will be conducted to provide documentation that the fire dampers are maintained and in reliable operating condition as required by NFPA 90A. The testing will include the following: fusible links shall be removed; all dampers shall be operated to verify that the close fully; the latch, if provided, will be checked; and moving parts shall be lubricated as necessary. All the dampers will be tested in accordance with NFPA 90A standards to set a baseline for the next 4 year inspection. Testing of the dampers will be conducted and documented via an audit form. Testing of the dampers during 2010 will provide the necessary documentation needed for the next four years. Corrective action will be completed on 1/20/2010.	1/20/2010 1/20/2010