

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

PRINTED: 06/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 2004 ADDITION B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2016	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ON BROADWAY				STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N 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). The findings that follow demonstrate noncompliance with these standards. The original four-story Rosewood on Broadway building was built in 1957 of Type II (222) construction. A one-story addition was attached to the east side of the building during the 1980s of Type V (000) construction and protected with a wet/dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. This addition housed kitchen storage and a garage and was separated from the 1957 building by an occupancy separation wall having a two-hour fire resistance rating. The kitchen storage and garage addition was not included in this survey. 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 four-story building was protected with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13. A one-story addition of Type II (000) construction was attached to the south side of the kitchen storage and garage addition and the east side of the dining room in 2013. It was protected with an			K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/04/2016

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.

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

PRINTED: 06/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 2004 ADDITION B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ON BROADWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N 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	Continued From page 1 automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13. This addition housed a chapel that was separated from the kitchen storage and garage addition and the dining room by occupancy separation walls having two-hour fire resistance ratings. 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. A new addition housing 32 private resident rooms was attached to the 1st and 2nd floors of the 2004 addition. Chapter 18 New Health Care Occupancies was used as a reference for this survey of the 2016 addition. Chapter 19 Existing Health Care Occupancies was used to survey 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			
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels in approved frames. 8.3, 18.3.7.3, 18.3.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure smoke barriers were smoke resisting and had at least one-hour fire	K 025	1. The penetrations through the smoke barriers on the second and third floors		3/4/16

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

PRINTED: 06/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 2004 ADDITION B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ON BROADWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N 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 025	Continued From page 2 resistance rating Observation determined penetrations through the smoke barriers on the second and third floors. The through wall cable penetrations were located above the suspended ceiling tiles above the cross corridor doors. The holes ranged from 1 inch to 3 inches in diameter. Failure to maintain the required fire rating in smoke barriers increases the risk of death or injury due to fire. This deficiency affected two (2) of five (5) smoke barriers in the facility.	K 025	above the suspended ceiling tiles above the cross corridor doors have been sealed. We also moved the light fixture in that area to provide easier access to inspect and maintain the fire wall. 2. No other areas were identified as affected. 3. The Environmental Services Coordinator/designee will inspect work performed by an outside contractor to verify that the smoke barriers are properly sealed. 4. The Environmental Services Coordinator/designee will audit the smoke barrier areas to ensure they are properly sealed semi-annually for a year.	3/4/16	
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are	K 051			

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

PRINTED: 06/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 2004 ADDITION B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ON BROADWAY			STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N 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 051	Continued From page 3 sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted. NFPA 72 1-5.6 The facility failed to install the fire alarm system in accordance with NFPA 72, National Fire Alarm Code. Observation determined the fire alarm panel located in the corridor adjacent to the 1st floor Boiler Room was not protected with an approved device. Failure to install the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) fire alarm panel in the facility, which serves the entire building.	K 051	1. A smoke detector has been installed above the fire alarm panel. 2. No other areas were identified. 3. No other areas are affected. 4. With the installation of the smoke detector above the fire panel the correction is complete.		