STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST CATHERINE NORTH	**1351 N BROADWAY FARGO, ND 58102**

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E 000	Initial Comments A recertification survey conducted on 10/22/2024 found SMP Health - St Catherine North in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 11/01/2024

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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	355047	A. BUILDING **03 - ORIGINAL MAIN BUILDING** B. WING _____	**10/22/2024**

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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 original four-story 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. This addition housed kitchen storage and a garage and was separated from the 1957 building by a construction 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 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. This addition housed a chapel that was separated from the kitchen storage and garage addition and the dining room by construction separation walls having two-hour fire resistance ratings. A two-story addition of Type II (222) construction was attached to the east side of the 2004 building in 2015.	K 000		

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K 000	Continued From page 1 The buildings were equipped with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * 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 * 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 * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. 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. 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 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet	K 324	1. It is the intent of this facility to ensure cooking equipment is protected in accordance with NFPA 96, Standard for	10/31/24

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K 324	Continued From page 2 Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1	K 324	Ventilation Control and Fire Protection of Commercial Cooking Operations. The wet chemical extinguishing system in the kitchen was inspected on 10/23/24. No concerns were identified. 2. The facility Maintenance Engineer or designee will complete QA audits monthly to ensure: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 3. Environmental Services Supervisor or designee will review audits upon completion for follow up or corrections as needed. This will be ongoing with no end date.	

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K 324	Continued From page 3 through 7.2.6 Review of documentation and interview with staff determined the monthly inspection of the wet chemical extinguishing system in the Kitchen had not been completed during August and September 2024. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 _____ c) Water system supply source _____ 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 REQUIREMENT is not met as evidenced by:	K 353		12/6/24

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K 353	Continued From page 4 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 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, 5.3.1.1.1.3 Record review and interview with staff determined the fast-response sprinklers in the facility in service more than 20 years had not been replaced or successfully sample tested in the last ten (10) years. 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.	K 353	1. It is the intent of this facility to ensure automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The facility Maintenance Engineer or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance. The automatic sprinkler system was inspected and samples were sent for testing on 10/30/24. 2.The facility Maintenance Engineer or designee will complete maintenance and testing quarterly to ensure the automatic sprinkler system is continuously maintained in a reliable operating condition. 3. The facility Maintenance Engineer or designee will replace, or test samples that have been in service for 20 years and then retest at 10-year intervals. 4. The Environmental Services Supervisor or designee will review audits upon completion for follow up or corrections as needed. This will be ongoing with no end date.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101	K 712		10/31/24

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K 712	Continued From page 5 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: A written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner. 4.7.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No written record was available for the AM Shift fire drill conducted on 10/23/2023. 2) No written record was available for the PM Shift fire drill conducted on 11/27/2023. 3) No written record was available for the Night Shift fire drill conducted on 12/27/2023. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected three (3) of twelve (12) drills in the past year.	K 712	1. It is the intent of this facility to conduct fire drills at expected and unexpected times under varying conditions, at least quarterly on each shift and maintain fire drill records as required. 2. Fire drill records will be maintained by the Environmental Services Supervisor for proof of fire drill completion. These records will be maintained on a rolling 12 month basis. 3. The QA coordinator or designee will audit fire drill records for maintenance quarterly for one year.	