

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

PRINTED: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355024		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2019	
NAME OF PROVIDER OR SUPPLIER THE MEADOWS ON UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 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.			K 000			
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be			K 291	1. The emergency light capabilities were immediately checked to ensure compliance. 2. All residents could be affected by issues with Emergency lighting. 3. To ensure continued compliance- a double check program has been implemented, where the administrator will		5/10/19

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

TITLE

(X6) DATE

Electronically Signed

05/12/2019

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 291	Continued From page 1 extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during the month of November 2018. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	receive alerts to when the monthly tests are being conducted to ensure its completion. 4. An audit will be conducted monthly to make sure the monthly test will be completed. This will be done for 4 months and presented to the QAPI committee for guidance and further consideration.		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit	K 293		5/10/19	

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K 293	Continued From page 2 travel is obvious.) This REQUIREMENT is not met as evidenced by: Means of egress shall have signs in accordance with Section 7.10. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT The NO EXIT sign shall have the word NO in letters 2 in. high, with a stroke width of 3/8 in., and the word EXIT in letters 1 in. high, with the word EXIT below the word NO, unless such sign is an approved existing sign. 19.2.10.1, 7.10.8.3.1, 7.10.8.3.2 The facility failed to mark the means of egress as required. Observation determined the exterior door from the Environmental Services Director Office, not used as part of the exit system, that could be mistaken for an exit was not marked with a "No Exit" sign as required. Failure to provide exit signage as required increases the risk of death or injury due to fire. The deficiency affected exiting from one (1) of six (6) smoke compartments.	K 293	1. A sign was immediately posted near the door, indicating that it is not an exit. 2. All personnel could be affected in the event of a necessary egress event were to happen. 3. Education was provided so that he could make the decision whether the door should be an egress or not. 4. An audit will be conducted to ensure all exit doors are properly marked as an exit or not an exit. This will be conducted 1x a week for 4 weeks and 1x a month for another 2 months. Findings will be presented to the QAPI committee for guidance and further consideration.		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire	K 321		5/10/19	

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K 321	Continued From page 3 extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies	K 321	1. The room with the combustible material was immediately removed and placed in compliance space. 2. All personnel could be affected if something in the room were to start on fire. 3. Education was provided to maintenance on where combustible supplies can be stored. 4. An audit will be conducted 2x a week for 4 weeks and 1x a weeks for another 2		

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K 321	Continued From page 4 were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined Resident Room 71 over 50 square feet used to store combustible materials did not have self-closing hardware on the corridor door and the door to the shared bathroom. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	weeks to ensure all combustible materials are stored in appropriate fashion throughout the facility. Findings will be presented to the QAPI committee for guidance and further consideration.		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72,	K 345	1. The facility immediately signed a contract with Johnson Controls and they arrived the day after life safety's observations. To conduct testing and ensure compliance. 2. All residents could be affected by not being in compliance with proper testing and maintenance.	5/10/19	

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K 345	Continued From page 5 National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). The facility failed to test the fire alarm system as required. Review of available fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. Records did not indicate any load voltage test on the fire alarm system batteries were conducted in the past year. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected two (2) of two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility.	K 345	3. In order to maintain compliance the facilities director signed an indefinite contract with Johnson controls who will assisted with testing compliance. 4. An audit will be conducted by the administrator or his designee semiannually to ensure load voltage tests are completed. The findings will be presented to QAPI		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific	K 351		6/1/19	

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K 351	Continued From page 6 areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in high-temperature zones shall be high-temperature classification, and sprinklers in intermediate-temperature zones shall be intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined four (4) sprinklers in the West Mechanical Room installed within 7 ft. of unit heaters were not high-temperature-rated. Failure to install the automatic sprinkler system in	K 351	1. Johnson Controls was brought in to look at all deficient sprinklers. All parts are ordered and they will come out and install all replacements. 2. All residents could be affected by out of compliance sprinklers 3. In order to maintain compliance, Johnson Controls will be retained indefinitely to assist in sprinkler compliance. 4. An audit will be conducted 2x a week for 2 weeks and 1x a week for 4 weeks to ensure all sprinklers are in compliance to stated deficiency and it will be presented to the QAPI committee for guidance and further consideration.		

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K 351	Continued From page 7 accordance with NFPA 13 increases the risk of injury and death due to fire.	K 351			
K 355 SS=D	This deficiency affected one (1) of numerous areas in the facility. The automatic sprinkler system serves the entire facility. Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the pin seal on the Class K fire extinguisher located in the Kitchen was missing. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	1. the pin on the deficient extinguishers was replaced and a sweep was conducted on the rest of the facility's fire extinguishers. 2. All personnel could be affected by deficient fire extinguishers. 3. In order to ensure further compliance, education was provided to maintenance on extinguisher compliance. 4. an audit will be conducted on the facility fire extinguishers 2x a week for 2 weeks and 1x a week for 4 weeks and presented to the QAPI committee for guidance and further consideration.	5/10/19	

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K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) One (1) electrical receptacle in the North Soiled Utility Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Center	K 511	1. All cited electrical receptacles have been replaced and are now in compliance. 2. Some Residents and staff could be affected by non-compliance receptacles. 3. Education was provided to maintenance on receptacle compliance. 4. an audit will be conducted on facility receptacles 2x for 2 weeks and 1x for 4 weeks and presented to the QAPI committee for guidance and further consideration.	5/10/19	

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K 511	Continued From page 9 Soiled Utility Room was not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the Kitchen was not ground-fault circuit-interrupter protected. 4) One (1) electrical receptacle in the Staff Dining Room was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected four (4) of numerous receptacles in the facility.	K 511			
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 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	K 918			5/10/19

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K 918	Continued From page 10 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, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 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	K 918	1. To ensure compliance a load test on the generator was completed. 2. All residents could be affected by generator issues. 3. Education was provided to maintenance on necessary tests to ensure generator compliance. 4. An audit will be conducted monthly for 3 months by the administrator or his designee to ensure load tests are completed and presented to the QAPI committee for guidance and further consideration.		

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(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 918	Continued From page 11 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. Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the diesel generator loaded the generator to at least 30 percent (38 kW) of the nameplate rating. The nameplate rating of the generator was 125 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30 percent of nameplate rating or manufacturer's recommended temperature is achieved during the required monthly exercises. The last supplemental load exercise of the emergency generator was conducted on 02/12/2018 exceeding the annual requirement. 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			