STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING **02** B. WING _____	**08/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	**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
E 000	Initial Comments A recertification survey conducted on 08/21/2023 found The Meadows on University in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
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/dry 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 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT	K 222		9/15/23

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

Electronically Signed | 09/01/2023

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 222	Continued From page 1 LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies	K 222		

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K 222	Continued From page 2 installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. 7.2.1.5.3 The facility failed to ensure exit access was readily accessible at all times. Observation determined: 1) The door to the caged area for records storage in the South Storage Room was equipped with a key operated padlock that required the use of a key to open the door from inside the caged area. 2) The door to the caged area for medical supplies in the South Storage Room was equipped with a key operated padlock that required the use of a key to open the door from inside the caged area. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire.	K 222	Corrective Action: The lock on the Medical Records storage cage was removed on 8/24/2023. The lock on the Central Supply storage cage was removed on 8/24/2023.. Identification of others: A full-house observation was conducted by the Administrator to ensure that no other means of egress were locked by means of a padlock device. No concerns were identified. Systemic Changes: A new locking system for the Medical Record storage cage is to be purchased and installed as soon as available. The new locking system will allow an individual to exit the caged area by means of a door handle that does not require a key or special knowledge from	

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K 222	Continued From page 3 The deficiency affected egress from two (2) of numerous areas throughout the facility.	K 222	the egress side. A new locking system for the Central Supply storage cage is to be purchased and installed as soon as available. The new locking system will allow an individual to exit the caged area by means of a door handle that does not require a key or special knowledge from the egress side. Monitoring: The Administrator/designee will monitor 1x weekly for 4 weeks; then 1 x per month for 3 months to ensure that locks are not placed on any means of egress. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	
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	K 345	Corrective Action: The Meadows on University had Johnson	9/15/23

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K 345	Continued From page 4 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, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e). Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 05/17/2023. Records did not indicate any other load voltage test on the fire alarm system batteries 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 one (1) 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	Control come and complete a Fire Alarm System Battery load voltage test on 8/30/2023. Identification of others: This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year. Systemic Changes: A semi-annual load voltage test has been incorporated into the agreement with the facility vendor which services the fire system to conduct the semi-annual load voltage test in November and the annual load voltage test in April of each year. Monitoring: The Administrator/designee will audit the semi-annual load voltage test by signing off when the service is conducted and tracking on the new audit sheet. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are	K 353		9/15/23

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K 353	Continued From page 5 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: 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 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Observation determined there was an open ceiling tile in the Central Soiled Utility Room that could delay the activation of the sprinkler system.	K 353	Corrective Action: The Maintenance Director reinserted the tile into its appropriate location on 8/21/2023. Identification of others: The Administrator audited all areas with drop ceilings to ensure no other areas had a ceiling tile not in place. No concerns were identified. Systemic Changes: The Administrator provided education to the Maintenance department regarding the regulations of Sprinkler Systems – ensuring ceiling tiles are always in place,	

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K 353	Continued From page 6 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 one (1) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 353	on or before 9/1/2023. Monitoring: The Administrator/designee will audit the dropped ceiling tiles to ensure proper placement 3 x weekly for 4 weeks; then 1 x weekly for 3 months; then 1 x monthly for 2 months. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	
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, rooftops, outdoors, indoor wet locations, locker rooms with associated	K 511	Corrective Action: The Maintenance Director had all outlets in the kitchen that were not ground-faulted circuit-interrupter protected replaced on 8/31/2023. The Maintenance Director had the two (2)	9/15/23

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K 511	Continued From page 7 showering facilities, garages 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) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Two (2) electrical receptacles in the South Soiled Utility Room within 6 ft. of a hopper sink were not ground-fault circuit-interrupter protected. 2) Numerous electrical receptacles in the Kitchen were 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 numerous electrical receptacles in the facility.	K 511	receptacles in the South Soiled Utility Room that were not ground-faulted circuit-interrupter protected replaced on 8/31/2023. Identification of others: The Maintenance Director audited all receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, shower areas, garage areas, and where receptacles are installed within 6 ft of the outside edge of a sink on 9/1/2023 to ensure all were ground-faulted circuit interrupter protected. Any identified concerns were corrected. Systemic Changes: The Administrator provided education to the Maintenance department regarding the regulations of Gas and Electric regulation related to ground-faulted circuit interrupter protected outlets on or before 9/1/2023. Monitoring: The Administrator/designee will audit 1 x monthly for 3 months all receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, shower areas, garage areas, and where receptacles are installed within 6 ft of the outside edge of a sink to ensure all were ground-faulted circuit-interrupter protected.	

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K 511	Continued From page 8	K 511	Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 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: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The August and September 2022 fire drills did not include the simulation of an emergency phone call to the fire department. 2) No fire drills were conducted on the Night Shift during the first, second and fourth quarters in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 712	Corrective Action: The Maintenance Director conducted a NOC shift fire drill on 8/31/2023 to include a simulated call to 911. Identification of others: Two (2) drills in the past year did not have a simulation of an emergency phone call to the fire department. This deficiency affected five (5) of twelve (12) drills in the past year. Systemic Changes:	9/15/23

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K 712	Continued From page 9 The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	Facility staff were educated on or before 9/1/2023 regarding the simulation of an emergency phone call to the fire department during drills. Fire drills will be signed off by the Administrator for review and tracking to ensure simulated phone calls to the fire department are conducted on each drill, and the requirement is met related to the timing of drills. Monitoring: The Administrator/designee will audit fire drills by signing off when conducted and to ensure simulated phone calls to the fire department are conducted and include the findings on the new audit sheet. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	
K 918 SS=F	Electrical Systems - Essential Electric Syste 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	K 918		9/15/23

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K 918	Continued From page 10 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 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: The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Review of generator test records and interview with staff determined the weekly inspection of the emergency generator was not conducted for all weeks during the past year. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or	K 918	Corrective Action: A generator test was performed by the Maintenance Director on 8/30/2023. Identification of others: A review of generator test records determined the weekly inspection of the emergency generator was not conducted for all weeks during the past year. Systemic Changes:	

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K 918	Continued From page 11 injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	Generator Testing will be signed off by the Administrator for review and tracking to ensure the weekly inspection of the emergency generator was met. Monitoring: The Administrator/designee will audit generator testing when conducted to ensure testing per requirements and include the findings on the new audit sheet. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	