STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING _____ B. WING _____	02/20/2024

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 02/21/2024 found The Meadows on University 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 | 02/23/2024

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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	355024	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**02/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	**1315 S UNIVERSITY DR** **FARGO, ND 58103**

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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 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 511 SS=D	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:	K 511		3/1/24

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K 511	Continued From page 1 The facility failed to provide ground-fault circuit interrupter protection at electrical outlets in all required areas. All 125-volt, single-phase, 15- and 20- ampere receptacles installed in the locations specified in 210.8(A)(1) through (8) shall have ground-fault circuit interrupter protection for personnel. (1) Bathrooms (2) Garages, and also accessory buildings that have a floor located at or below grade level not intended as habitable rooms and limited to storage areas, work areas, and areas of similar use. (3) Outdoors Exception to (3): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable. (4) Crawl spaces - at or below grade level (5) Unfinished basements - for purposes of this section, unfinished basements are defined as portions or areas of the basement not intended as habitable rooms and limited to storage areas, work areas, and the like Exception to (5): A receptacle supplying only a permanently installed fire alarm or burglar alarm system shall not be required to have ground-fault	K 511	Corrective Action: The electrical outlets in the Maintenance Workshop area were replaced with GFCI outlets on or before 3/1/2024. Identification of others: The Administrator or Designee conducted a visual audit on or before 3/1/2024 of areas requiring GFCI receptacles to ensure no other receptacles need replacement. No further issues were identified. Systemic Changes: The Administrator or designee provided education to the maintenance director on or before 3/1/2024 on the regulation related to NFPA 70 Utilities – Gas and Electric. Monitoring: The Administrator or designee will audit 2x monthly for 1 month all receptacles located in bathrooms, kitchens, rooftops, outdoors, indoor wet locations, shower 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. The results of the audits will be tracked and trended and presented to the Quality Assurance and Performance Improvement Committee Monthly to identify if any further action is needed.	

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K 511	Continued From page 2 circuit-interrupter protection. Informational Note: See 760.41(B) and 760.121(B) for power supply requirements for fire alarm systems. Receptacles installed under the exception to 210.8(A)(5) shall not be considered as meeting the requirements of 210.52(G). (6) Kitchens- where the receptacles are installed to serve the countertop surfaces. (7) Sinks - located in areas other than kitchens where receptacles are installed within 1.8 m (6 ft) of the outside edge of the sink. (8) Boathouses. Observation determined numerous electrical outlets in the Maintenance Workshop area were not GFCI outlets. Failure to provide GFCI outlets in workshop areas increases the risk of injury or death due to fire. This deficiency affects one (1) of numerous areas requiring GFCI outlets in the facility.	K 511		
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	K 911		3/1/24

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K 911	Continued From page 3 This REQUIREMENT is not met as evidenced by: The facility failed to maintain clear working space around electrical cabinets. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space, shall be suitably guarded. NFPA 70, 119.26(B) Working space around electrical cabinets shall be 3 feet. NFPA 70, 110.26 Table (A)(1) Observation determined several cardboard boxes and other supplies stored directly in front of electrical cabinets located in the Generator Transfer Switch Room. Failure to maintain clearance around electrical cabinets increases the risk of injury or death due to fire. This deficiency affects one (1) of numerous rooms housing electrical cabinets.	K 911	Corrective action: On 2/22/2024 all items that were identified were removed from the electrical room. Identification of others: The Administrator or Designee conducted a visual observation of all electrical rooms to ensure that there was a minimum of 3 feet of clearance around electrical cabinets in all other locations. Systemic Changes: The Administrator or designee provided education to the maintenance director on or before 3/1/2024 on the regulation related to NFPA 70, 110.26 Table (A) (1) Electrical Systems Monitoring: The Administrator or designee will audit 2x monthly for 1 month all areas with electrical cabinets to ensure a 3-foot clearance is maintained around electrical cabinets. The results of the audits will be tracked and trended and presented to the Quality Assurance and Performance Improvement Committee Monthly to identify if any further action is needed.	