North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8069	A. BUILDING: 01 - BUILDING 01 B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHMARK AT HARWOOD GROVES	1200 HARWOOD DR S FARGO, ND 58104

(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) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these requirements. The facility was located in a three-story building of Type V (111) construction with an automatic fire sprinkler system designed to meet NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height. Closets did not have sprinklers. The Touchmark at Harwood Groves basic care was located at the northwest corner of the first and second floors. Based on resident evaluation, a Slow level of evacuation difficulty was determined. E-Score was 2.	K 000		
K 256	AUTOMATIC SPRINKLERS Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 33.3.3.5.1.1, 33.3.3.5.1.2, and 33.3.3.5.1.3. 33.3.3.5.1	K 256		

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K 256	Continued From page 1 This state licensing rule is not met as evidenced by: Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with section 9.7. 33.3.3.5.1 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. 9.7.5, 9.7.7, 9.7.8, NFPA 25 5.3.3.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review determined quarterly flow tests were not completed during the 3rd quarter of 2022. 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. This deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 256	A quarterly flow test was missed 3rd quarter of 2021 and 2022. All other scheduled flow tests have occurred. Executive Director confirmed with fire protection agency that make up 3rd quarter test will be completed 10/17/22 and 4th quarter test is scheduled for December of 2022. Also, the following quarterly tests are scheduled and confirmed for 2023 to be in February, May, August, and November. To prevent this from occurring again, an electronic recurring work order will be submitted that will provide a reminder to the Facility Manager to contact the facility's fire protection vendor two weeks prior to the dates of the required testing to ensure the procedures are completed within the required timeframes. A recurring calendar reminder will also be added to the Executive Director's calendar as a backup for the Facility Manager in case he/she is out at the time of thereminder. Testing and servicing of the backflow preventer will continue to bepart of the vendor's documented annual service. Reports of completed tasks are generated through this system and will be monitored by the Facility Manager. This completed log is alsopart of the facility's Life Safety Code documentation binder. 11.19.22	
K 309	SMOKE DETECTION AND ALARM All living areas, as defined in 3.3.21.5, and all	K 309		

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K 309	Continued From page 2 corridors shall be provided with smoke detectors that comply with NFPA 72, National Fire Alarm and Signaling Code, and are arranged to initiate an alarm that is audible in all sleeping areas, as modified by 33.3.3.4.8.2 and 33.3.3.4.8.3. 33.3.3.4.8.1 This state licensing rule is not met as evidenced by: The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 33.3.3.4.7, 9.6.2.10.1.1, NFPA 72 17.7.4.1 Observation determined smoke detector in the Director of Health Office was installed within 36 in. of an air supply diffuser or return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 309	The smoke detector identified within 36 inches from an air supplydiffuser or return air opening during the LSC will be moved. A full inspection of the Basic Carefacility will occur to identify any additional smoke detectors located within 36 inches of an air supply diffuser or return air opening. Any detectors identified as out of compliance will also be moved. Any additional rooms and spacesadded to Basic Care in the futurewill be checked for similar obstruction prior to application forlicensure or a request for changein licensure. The Facility Manager will be responsible for compliance. 11.19.22	

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K2130	Continued From page 3	K2130	The emergency generator monthly test will include verification of generator load to at least 30 percentof the nameplate rating of 150 kW. If generator load is not at 30 percent, then proper running for a minimum of 30 minutes will take place to properly burn off diesel. There is only one emergency generator in the facility. To prevent reoccurrence, the preventative maintenance electronicwork order will be amended to include verification of the required generator load and proper running to burn off diesel for a minimum of 30 minutes. The electronic work order will provide a recurring monthly reminder of this task. Reports of completed tasks are generated through this system and will be monitored by the Facility Manager with a quarterly reminder to the Executive Director to review all reports. The Facility Manager will be responsible for compliance. This completed log will continue tobe part of the facility's Life Safety Code documentation binder. 11.19.22	
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: This state licensing rule is not met as evidenced by: Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria: (a) Facilities having an impractical evacuation capability. (b) Facilities having a prompt or slow evacuation capability with more than 25 rooms, unless each room has a direct exit to the outside of the building at the finished ground level. 33.3.2.9 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 7.9.2.4 Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the	K2130		

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K2130	Continued From page 4 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 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 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generator was in compliance with NFPA 110. Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved or that the monthly exercise of the diesel generator loaded the generator to at least 30 percent (45 kW) of the nameplate rating. The nameplate rating of the generator was 150 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. Failure to inspect and maintain emergency	K2130		

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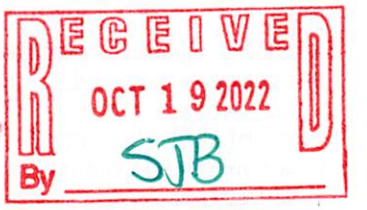
K2130	Continued From page 5 generators in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K2130	  via USPS	

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