STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING **01** B. WING _____	**12/20/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	**407 3RD AVE SE** **GARRISON, ND 58540**

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E 000	Initial Comments A recertification survey conducted on 12/20/2022 found Garrison Memorial Hospital Nursing Facility 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 two-story building of Type II (000) construction with a basement. The building had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall constructed to have a two-hour fire resistance rating separated a clinic building to the east from the hospital. The nursing facility occupied the second floor of the hospital. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 12/20/2022 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected.	K 000		
K 211 SS=F	Means of Egress - General	K 211		2/3/23

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

Electronically Signed | 12/30/2022

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K 211	Continued From page 1 CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined all fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire.	K 211	Corrective Action - The facility completes the annual .... as per required. However, during the on site survey on 12/20/22 we were unable to provide the documentation of these checks that were completed on 9/20/22 and 10/19/22. Upon further review the documentation of these checks was located in the facility's electronic maintenance system and a copy is available to review for evidence of compliance with the requirements at the time of survey. Identification of Others - The inspection and testing of fire rated doors throughout the clinic, hospital and LTC facility have been completed every year. Systemic Changes - To ensure the inspection and testing of fire rated doors throughout the clinic, hospital and LTC facility are completed yearly. Monitoring - Fire door inspections and maintenance is part of the ongoing preventive maintenance program and a preventive maintenance task is generated by the computerized maintenance management systems to assure the work	

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K 211	Continued From page 2 The deficiency affected numerous fire rated door assemblies throughout the facility.	K 211	is done and monitored. Correction Date - 2/3/23	
K 271 SS=B	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 19.2.7, 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS S&C-05-38 The facility failed to provide all occupants with safe access to a public way. Observation determined the west exterior exit discharge traversed the lawn to get to a public way. Failure to maintain the means of egress as required increases the risk of death or injury due to fire.	K 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the 12/20/2022 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected. Corrective Action - To ensure adequate exit capability to the west exterior exit maintenance personnel will obtain a proposal on providing access with a hard surface to provide all occupants with a safe access to a public way. Identification of Others - Failure to maintain the means of egress as required increases the risk of death or injury due to fire. Systemic Changes - Obtaining a proposal to have the necessary work completed to provide access with a hard surface to	12/20/22

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K 271	Continued From page 3 The deficiency affected one (1) of three (3) paths of egress from the facility.	K 271	provide all occupants with a safe access to a public way. Monitoring - Review the completed work by the Facility Manager. Correction Date - 2/3/23 for the bid. We will complete the work according to weather conditions, no later than 6/30/23.	
K 324 SS=D	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:	K 324		2/3/23

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K 324	Continued From page 4 Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. The facility failed to test and service the fire-extinguishing system serving the Kitchen exhaust hood in accordance with NFPA 96. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected and serviced on 10/05/2022 and 03/23/2022. The time period exceeded 6 months. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood at required intervals increases the risk of injury or death due to fire. This deficiency affected one (1) of two (2) required inspections of the Kitchen exhaust hood fire-extinguishing system in the past year.	K 324	Corrective Action - The inspection and servicing of the fire extinguishing system for the kitchen exhaust hood will be inspected every 6 months as required, and will not exceed the 6 month time interval. Identification of Others - There is only one kitchen hood at this facility. Systemic Changes - Engage one fire maintenance company to perform all fire extinguisher and kitchen hood maintenance to assure timely completion of kitchen hood inspection and maintenance. Monitoring - Review of the inspection reports by the Facility Manager. Correction Date - 2/3/23	
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	K 345		2/3/23

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K 345	Continued From page 5 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, 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 01/18/2022. 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.	K 345	Corrective Action - The load voltage test for the fire alarm system batteries will be completed twice per year as required. Identification of Others - There is only one fire detection panel at Garrison Memorial Hospital. Systemic Changes - Engage one fire system maintenance company to all the testing and maintenance of the fire detection system components including the battery voltage testing twice per year. Monitoring - Review of the inspection reports by the Facility Manager. Correction Date - 2/3/23	

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K 345	Continued From page 6 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		
K 712 SS=D	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 no fire drills were conducted on the Night Shift during the second and third quarters in the past year. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 712	Corrective Action - Create and implement a fire drill matrix to assure that drills are conducted at appropriate intervals and with variations in time of day and day of the week to ensure compliance with fire drill requirements. Identification of Others - No other areas are affected. Systemic Changes - Include a line on the fire drill preventive maintenance task to review the fire drill matrix before conducting a fire drill. Monitoring - Fire drill monitoring will be completed by the Maintenance Coordinator. Correction Date - 2/3/23	2/3/23

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K 915 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3 This REQUIREMENT is not met as evidenced by: Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110. Critical care rooms (Category 1 Room) shall be served only by a Type I EES. General care rooms (Category 2 Room) shall be served by a Type I or Type II EES. A Type I EES serving a critical care room (Category 1 Room) shall be permitted to serve general care rooms (Category 2 Room) in the same facility. NFPA 99, 6.3.2.2.10, NFPA 110, 5.6.5.6, 5.6.5.6.1 The facility failed to ensure the emergency generator was in compliance with NFPA 99,	K 915	Corrective Action - Install a remote manual manual stop switch for the emergency generator. The remote manual stop station will be labeled as required. Identification of Others - There is only one standby emergency generator at Garrison Memorial Hospital. Systemic Changes - Train staff on the new equipment when installed. Monitoring - Review the completed work by Butler Equipment when done by the Facility Manager. Correction Date - 2/3/23	2/3/23

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K 915	Continued From page 8 Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. For systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The remote manual stop station shall be labeled. Observation determined there was no remote stop switch for the emergency generator located outside of the generator enclosure. Failure to ensure the emergency generator was in compliance 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 915		
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information	K 916		2/3/23

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K 916	Continued From page 9 system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows: 1) Individual visual signals shall indicate the following: a) When the emergency or auxiliary power source is operating to supply power to load b) When the battery charger is malfunctioning 2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following: a) Low lubricating oil pressure b) Low water temperature c) Excessive water temperature d) Low fuel when the main fuel storage tank contains less than a 4-hour operating supply e) Overcrank (failed to start) f) Overspeed NFPA 99 6.4.1.1.17 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there was no remote annunciator located at a work site readily observable by personnel. A remote annunciator was located at the Nurses Station but was not connected to the emergency generator at the	K 916	Corrective Action - Butler has been contracted to install a remote annunciator for the emergency generator. Identification of Others - Failure to ensure the emergency generator is in compliance increases the risk of death or injury due to fire. Systemic Changes - Contact Butler to get an exact date they will be coming to install the remote annunciator for the emergency generator. Monitoring - Review the completed work by Butler Equipment when done by the Facility Manager. Correction Action - 2/3/23	

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K 916	Continued From page 10 time of this survey. Failure to ensure the emergency generator was in compliance with NFPA 99 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 916		
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 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	K 918		2/3/23

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K 918	Continued From page 11 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. Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. Defective batteries shall be replaced immediately upon discovery of defects. NFPA 110 8.3.7.1, 8.3.7.2 Record review and interview with staff determined monthly testing and recording of the value of the emergency generator battery electrolyte specific gravity or battery conductance testing were not conducted during the past year. The batteries were maintenance free type batteries. Failure to inspect, test 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)	K 918	Corrective Action - Obtain a conductance tester for the generator batteries and update the preventive maintenance task to refer to the appropriate device to test maintenance free batteries. Identification of Others - There is only one standby generator at Garrison Memorial Hospital. Systemic Changes - Train maintenance personnel how to complete a battery conductance test of lead-acid batteries and create a work order for the battery conductance test to ensure completion of testing each month. Monitoring - Review the closed work orders. Correction Action - 2/3/23	

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K 918	Continued From page 12 emergency generator which provides all emergency power to the facility.	K 918		