

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER VALLEY ELDERCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 14TH AVE S GRAND FORKS, ND 58201		
(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 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies, in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type V (000) existing construction and a one-story building of Type V (111) new construction. The one-story building of existing construction and the one-story building of new construction were separated by a wall having a two-hour fire resistance rating. The one-story building of new construction was surveyed under Chapter 18 New Health Care Occupancies. The building was protected throughout by an automatic fire sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. A clinic was attached to the north side of the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000			
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations,	K 017			11/4/16

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

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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.

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER VALLEY ELDERCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 14TH AVE S GRAND FORKS, ND 58201		
(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 017	Continued From page 1 waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 This STANDARD is not met as evidenced by: Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. 19.3.6.1. Exception: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits.	K 017	Smoke detection will be installed in the Sitting Room near the Main Entrance. All corridors will be visually inspected for the appropriate devices by the Director of Environmental Services and any necessary corrections will be completed by Simplex Grinnell. The smoke detection system is constantly monitored and provides alerts when a device is not functioning. Smoke detection is inspected by Simplex Grinnell on an annual basis. The results of the inspections are received by the Director of Environmental Services and concerns are reported to the Facility Safety Committee.		

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER VALLEY ELDERCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 14TH AVE S GRAND FORKS, ND 58201		
(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 017	Continued From page 2 The facility failed to separate other areas from corridors in accordance with 19.3.6.1. Observation determined the Sitting Room located near the Main Entrance did not have a wall or door on the north end of the room separating the room from the corridor. The Sitting Room did not have automatic smoke detection and was not located to allow direct supervision by the facility staff from a nurses' station or similar space. Failure to separate corridors from other areas in accordance with 19.3.6.1 increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous exit corridors in the facility.	K 017			
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2 Observation determined the following doors were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.	K 038	Seven exterior doors will have a delayed egress feature added. The southeast exit door at the 300 wing does not exist. The remainder of the exterior exits will have a delayed egress feature added. The Director of Environmental Services will be responsible to audit the remainder of the building to ensure that the appropriate exit access is maintained. The exterior doors are inspected on a weekly basis for proper functioning of the alarm systems and monthly for the proper function of the delayed egress systems. The Director of Environmental Services will report the	11/4/16	

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER VALLEY ELDERCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 14TH AVE S GRAND FORKS, ND 58201		
(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 038	Continued From page 3 1) The exit door at the north end of the 200 Wing. 2) The exit door from the southeast end of the 300 Wing. 3) The exit door from the south end of the 300 Wing. 4) The exit door from the southwest end of the 500 Wing. 5) The exit door from the southeast corner of the new addition. 6) The exit door from the Dining Room in the new addition. 7) The exit door from the west end of the new addition. 8) The exit door from the south end of the Rehab Room in the new addition. The deficiency affected egress from eight (8) of thirteen (13) exterior exits from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	audit results to the Facility Safety Committee.		
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72,	K 054	The smoke detectors in the building will be audited and relocated if necessary to ensure that detector placement is not within three feet of an air supply diffuser or return air opening. The Director of Environmental Services will complete the audit annually and report the results to	11/4/16	

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

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355067	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2016
NAME OF PROVIDER OR SUPPLIER VALLEY ELDERCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 14TH AVE S GRAND FORKS, ND 58201		
(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 054	Continued From page 4 National Fire Alarm Code. Observation determined smoke detectors located throughout the facility were installed within 3 ft. of an air supply diffuser. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected the entire facility. The smoke detection system serves the entire facility.	K 054	the Facility Safety Committee.		