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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355067	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/04/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY ELDERCARE CTR	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 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). 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 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 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	The unsealed opening around one side of a conduit pipe was sealed with "3M Firebarrier Sealant CP25WBT Caulking". In the future outside contractors will be required to fill out a penetration waiver (Attachment A) to assure that all penetrations between fire barriers have been sealed as work is being performed. Audits (Attachment B) will be conducted on a quarterly basis on all fire walls to assure that the penetrations are sealed and remain sealed. If there are no issues of broken and/or unsealed penetrations after four continuous quarters the audits can be reduced to two times per year. The Audit Reports on Penetration will be completed by Environmental/Maintenance staff and compliance will be reported to the Safety Committee.	10/19/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Greg Hanson Greg Hanson	President/CEO	9/20/13

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 025	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of twelve (12) smoke barriers had a fire resistance rating of at least one-half hour. Observation determined the 200 Wing smoke barrier had an unsealed conduit opening where data cables penetrated the smoke barrier. This opening was not properly sealed with appropriate fire sealant materials. Maintenance staff sealed the conduit opening prior to the exit conference.	K 025		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: -Smoking materials (matches, cigarettes, lighters, lighter fluid, tobacco in any form) shall be removed from patients receiving respiratory therapy and from the area of administration. -No sources of open flame, including candles, shall be permitted in the area of administration. -Sources of ignition can include open flames, burning tobacco, electric heating coils, defective electrical equipment, and adiabatic heating of gases. Sparking toys shall not be permitted in any resident care area. -Nonmedical appliances that have hot surfaces or sparking mechanisms shall not be permitted within oxygen delivery equipment or within the sight of intentional expulsion. NFPA 99 Standard for Health Care Facilities 1999 Edition 8-6.2.1.1	K 130	Residents receiving oxygen therapy will not be allowed in the Beauty Shop where electric heating coils are present in the hair dryers. Signage will be placed outside and inside the Beauty Shop stating no oxygen allowed. Equipment and supplies are being purchased to provide hair care in the resident rooms who are receiving oxygen therapy. Residents receiving hair care services in their rooms will air dry their hair. Audits (Attachment C) will be completed by RN Director of Staff Development/Infection Control on at least twenty (20) residents per month. After four (4) consecutive months without any violations of the oxygen beauty shop policy the audits will be reduced to quarterly. The Beauty Shop oxygen audits will be reported to the Quality Assurance and Safety Committee to assure compliance.	10/19/13

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K 130	Continued From page 2 through 8-6.2.1.4 The facility failed to ensure residents receiving oxygen therapy were not exposed to hot surfaces. Observation determined a resident was receiving oxygen therapy via a nasal cannula while placed under an electric hair dryer hood in the Beauty Shop.	K 130		10/19/13