

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

PRINTED: 04/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355038		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2023	
NAME OF PROVIDER OR SUPPLIER ST GERARD'S COMMUNITY OF CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 613 1ST AVE SW HANKINSON, ND 58041			
(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 07/24/2023 found St Gerard's Community of Care 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

08/01/2023

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 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 with a penthouse. The upper floor housed the nursing facility and the main floor was the kitchen and administration. The building was Type I (332) construction. The nursing facility was separated from the first-floor kitchen/administrative floor by construction having one-hour fire resistance rating. The facility was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An independent living center was attached to the south side of the nursing facility and was separated by an occupancy separation wall having a two-hour fire resistance rating. This was a one-story building with a basement. The main floor was separated from the basement with a floor/ceiling assembly having a fire resistance rating of two-hours. The main floor had apartments, Activity Room and Dining Room. The basement housed mechanical rooms and storage rooms. The building's main level was Type III (211) construction and was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Nursing facility residents used the Living Center			K 000			

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K 000	Continued From page 1	K 000			
K 291	Dining Room and Activity Room and the corridor that serves these areas.	K 291			
SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 90-minute annual test of the		Annual 90-minute functional testing of all battery powered Emergency Lighting completed by Director of Maint on 7/25/23. Specific area to document annual 90-minute testing of emergency lighting added to the form 'Fire Extinguisher Check'. Testing done on 7/25/23 was recorded on this form. Director of Maint will ensure proper testing and documentation. By completing required testing of Emergency Lighting, risk of resident injury or death due to fire is avoided. Education regarding this requirement provided on 7/27/23 to Director of Maint, Safety Director & Administration in order to avoid such an error in the future.	7/27/23	

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K 291	Continued From page 2 emergency battery back-up light in the past year. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights in the building.	K 291			
K 345 SS=D	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 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).	K 345	Semiannual load voltage test of the sealed lead acid batteries for our fire alarm system completed 7/27/23 by Summit Fire Protection. Completed testing is documented on tag placed directly on batteries and on service report. Director of Maint will ensure proper testing and documentation is completed and maintained. Semiannual load voltage tests for fire alarm system batteries are scheduled 6 months in advance when tech is on-site performing testing. By completing required testing and maintaining fire alarm system according		7/27/23

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K 345	Continued From page 3 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 09/06/2022. 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. 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	to regulation, risk for resident injury or death due to fire is avoided. Education regarding this requirement provided on 7/27/23 to Director of Maint, Safety Director & Administration to avoid such an error in the future.		