STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355038	A. BUILDING _____ B. WING _____	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERARD'S COMMUNITY OF CARE	**613 1ST AVE SW HANKINSON, ND 58041**

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E 000	Initial Comments A recertification survey conducted on 06/17/2024 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 | 07/02/2024

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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	355038	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**06/17/2024**

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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 Dining Room and Activity Room and the corridor that serves these areas.	K 000		
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: The facility failed to install cooking equipment in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.	K 324	The manual activation device for the wet chemical extinguishing system serving the kitchen exhaust hood was relocated by outside vendor on 6/28/24. Device relocated in accordance with NFPA 96,	7/29/24

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K 324	Continued From page 2 A readily accessible means for manual activation shall be located between 1067 mm and 1219 mm (42 in. and 48 in.) above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. 19.3.2.5.1, 9.2.3, NFPA 96 10.5.1. Observation determined the manual actuation device for the fire-extinguishing system serving the Kitchen exhaust hood was mounted at a height of more than forty-eight (48) inches above the floor. The manual pull was 51 inches above the floor. Failure to inspect, maintain, and install the wet chemical extinguishing system in accordance with NFPA 96 increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324	Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. By installing, inspecting and maintaining wet chemical extinguishing system, risk of resident injury or death due to fire is avoided. Education regarding this requirement provided on 6/19/24 to Director of Maintenance, CDM, Administration and Maint Staff to avoid error in future. Dietary staff made aware of the new location for manual activation device for the wet chemical extinguishing system serving the kitchen exhaust hood through the dietary department communication book.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC)	K 761		7/29/24

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K 761	Continued From page 3 5.2, 5.2.3 (2010 NFPA 80) 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 fire rated doors throughout the facility have not been inspected and tested in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected all fire rated door assemblies throughout the facility.	K 761	Fire rated doors assemblies have been inspected and tested on 6/18/24, in accordance with NFPA 80 Standard for Door and Opening Protectives. A list of all the fire rated door assemblies and their location has been compiled to document the annual inspection and testing of all the fire rated doors. Fire door inspection and maintenance policy updated to include the annual inspection and testing of all fire rated doors by maintenance personnel. To avoid errors in the future, education regarding new form and this requirement was provided to the Director of Maintenance and Maint Staff on 6/18/24 by the Administrator in form of video, Essentials of Fire Door Inspections -LCNHardware. By following these guidelines and performing proper inspection and testing of all the fire rated door assemblies, the risk of injury or death due to fire decreases, and to ensure continue compliance with this regulation, line item placed on Maint Dept QA checklist.	
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator	K 916		7/29/24

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K 916	Continued From page 4 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 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,	K 916	A remote annunciator for the emergency generator (which is storage battery powered) is scheduled to be installed by outside vendors on July 24, 2024, with project completion by July 26th, 2024. Annunciator will be located at the nurses station in compliance with NFPA 99 6.4.1.1.17 and readily observed by maintenance staff and other personnel. By installing, inspecting, and maintaining remote annunciator for the generator according to manufacturer instructions, risk of resident injury or death due to fire is avoided. Education regarding this requirement provided on 6/24/24 to Director of Maintenance, Administrator and Maint Staff to avoid an error in future. Education regarding use of remote annunciator will be provided once installation is complete.	

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K 916	Continued From page 5 Standard for Health Care Facilities. Observation determined there was no remote annunciator located at a work site readily observable by personnel. 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		