| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355038 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 07/02/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST GERARD'S COMMUNITY OF CARE | 613 1ST AVE SW<br>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 |
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| K 000 | INITIAL COMMENTS<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements.<br><br>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 kitchen/administrative floor by construction having two-hour fire resistance rating. The nursing facility was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.<br><br>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 which 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.<br><br>Nursing facility residents use the living center Dining Room and Activity Room and the corridor that serves these areas. | K 000 | | |
| K 025 | NFPA 101 LIFE SAFETY CODE STANDARD | K 025 | | |

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

Jill Fosterud RN AIT — 7/17/14

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.

mailed 7-21-14

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| K 025 SS=F | Continued From page 1<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure smoke barriers were smoke resisting and were maintained to provide at least a half-hour fire resistance rating.<br><br>Observation determined one (1) of one (1) smoke barrier had less than a half-hour fire resistance rating.<br><br>Unsealed spaces around a sprinkler pipe penetration of the north side of the barrier above the 2nd floor corridor smoke doors were not filled with fire caulk.<br><br>The Maintenance Supervisor acknowledged the finding when the deficiency was identified.<br><br>Failure to seal smoke barriers as required increases the risk of death or injury due to fire.<br><br>The deficiency affected two (2) of two (2) smoke compartments. | K 025 | Proper seal made using fire caulk around sprinkler pipe penetration of the north side of the barrier above the second floor corridor smoke doors immediately once area identified. Life Safety Surveyor able to witness completion of task. This being done to seal smoke barrier ensures that potential harm to residents will be avoided by decreasing risk of death or injury due to fire. Education provided regarding this standard to maintenance director, QA/Safety director and administration in order to avoid such error in future if remodeling, etc. QA will be done monthly x1, quarterly x1year to ensure compliance with standard. Director of Maintenance responsible for QA. QA form enclosed. | 8/14/14 |

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| K 051<br>K 051 SS=F | Continued From page 2<br>NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the fire alarm system was in compliance with NFPA 72.<br><br>Record review indicated the 9/24/13 fire alarm inspection report was not complete.<br>The number, location, and test results of door release devices included in the inspection were not identified. | K 051<br>K 051 | Protection Systems, Inc. is contracted for annual fire alarm system inspection. Protection Systems, Inc. will be onsite 7/18/14 to do inspection of door release devices including number, location and test results. Protection Systems, Inc. had been educated regarding need for this test annually and has been retained to do so. This test being completed annually will ensure that potential harm to residents will be avoided by decreasing risk of death or injury due to fire. Education provided regarding this standard to maintenance director, QA/Safety director and administration to avoid future oversight. QA will be done monthly x1, then annually to ensure compliance with standard using QA form enclosed. Director of Maintenance responsible for QA. | 8/14/14 |

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| K 051 | Continued From page 3<br>Failure to test the fire alarm system and all components as required increases the risk of death or injury due to fire.<br><br>This deficiency affected one (1) of numerous tests of the fire alarm system in the last year. The fire alarm system serves the entire facility. | K 051 | | |
| K 062<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5<br><br>This STANDARD is not met as evidenced by:<br>All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate.<br><br>Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible.<br><br>The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems.<br><br>On 7/2/14, no record of the required annual back flow preventer test was available. | K 062 | Nova Fire Protection, Inc. is contracted for annual sprinkler inspection. Nova Fire Protection, Inc. will be on site to do annual fire sprinkler back flow preventer test on 8/11/14. Nova Fire Protection, Inc. has been educated regarding need for this test annually and has been retained to do so. This test being completed annually will ensure that potential harm to residents will be avoided by decreasing risk of death or injury due to fire. Education provided regarding this standard to maintenance director, QA/Safety director and administration to avoid oversight in the future. QA will be done monthly x1, then annually to ensure compliance with standard using newly adopted QA form which is enclosed. Director of Maintenance responsible for QA. | 8/14/14 |

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| K 062 | Continued From page 4<br>Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of numerous required tests of the automatic sprinkler system.<br><br>Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2 | K 062 | | |
| K 144 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.<br><br>This STANDARD is not met as evidenced by:<br>All Level 1 and Level 2 installations of an emergency generator must have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition.<br><br>The facility failed to ensure the emergency generator was in compliance with NFPA 110.<br><br>The generator was located inside the Boiler | K 144 | Electrician retained to install remote manual stop station located on the outside of the Boiler Room where generator is housed. This was completed 7/16/14. This having been completed ensures that potential harm to residents will be avoided by decreasing risk of death or injury due to fire. Education provided regarding this standard to maintenance director, QA/Safety director and administration. QA will be done monthly x1, then annually to ensure compliance with standard using newly adopted QA form which is enclosed. Director of Maintenance responsible for QA. | 8/14/14 |

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| K 144 | Continued From page 5<br>Room with no remote manual stop switch provided outside the Boiler Room.<br><br>Failure to ensure the emergency generator is in compliance with NFPA 110, increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of one (1) emergency generator providing emergency power to the entire facility. | K 144 | | |