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 B. WING _____	07/28/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERARDS COMMUNITY NURSING HOME	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
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 42 CFR 483.70(a) and NDAC 33-07-04.2-09 (1)(c). This facility is located in a two-story building with a penthouse. The upper floor houses the nursing facility and the main floor is the kitchen and administration. The building is Type I (332) construction. The nursing facility is separated from the kitchen/administrative floor by two-hour fire resistance rated construction. An independent living center is attached to the south side of the nursing facility and is separated by a wall with a two-hour fire resistance rating. This is a one story building which is separated from the basement with a floor/ceiling assembly having a fire resistance rating of two hours. The main floor has apartments, activity room and dining room. The basement houses mechanical rooms and storage rooms. The building is Type III (211) construction due to a wood roof. Nursing facility residents use the living center dining room and activity room and the corridor that serves this area, which is separated from the rest of the independent living building by an occupancy separation wall of two-hour fire resistance rating. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 07/28/09 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 012 - Building Construction Type. The 2000 edition of the Life Safety Code does not allow portions of health care facilities to be Type III (211)	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karen Dabbert	Administrator	8-12-09

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	Continued From page 1 construction unless protected throughout with an automatic sprinkler system. St. Gerard's Nursing Home does not meet the Life Safety Code requirements for building construction but does pass the FSES when all other deficiencies are corrected. All nursing facilities must be equipped with a complete automatic fire sprinkler system by 8/13/2013.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to ensure the building construction type meets appropriate provisions of the Life Safety Code. Observation determined the portion of the independent living building used for dining and activities was not of Type I (332) construction. This building is two-stories, Type III (211) construction, and is not protected with an automatic sprinkler system. The Life Safety Code does not allow this type of construction for existing health care occupancies without an automatic sprinkler system installed throughout.	K 012	A Fire Safety Evaluation System (FSES) was used for Tag K 012 - Building Construction Type compliance as a result of the 07/28/09 Life Safety Code survey. The facility passes the FSES upon correction of all other deficiencies.	
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	K 022		

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K 022	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to mark exit paths with readily visible signage. Observation determined the second floor south exit was not marked by approved signage to clearly identify the path of exit. An exit sign was not provided on the north side of the 90-minute cross corridor door at the south end of the Dining Room/Activity Room corridor.	K 022	Exit sign will be provided on the north side of the 90-minute cross corridor door at the south end of the dining room/activity room corridor.	9/10/09
K 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Emergency illumination of means of egress must be arranged so that a failure of a single lighting fixture (bulb) will not leave the area in darkness and be arranged to provide not less than an average of 1 ft-candle measured along the path of egress at floor level. 7.9.2.1	K 045	Emergency illumination of means by egress will be arranged so that a failure of a single lighting fixture (bulb) will not leave the area in darkness and be arranged to provide not less than an average of 1 ft-candle measured along the path of egress at floor level. The emergency illumination lighting system will be arranged to provide the required illumination automatically and will not be on switches.	9/10/09

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K 045	Continued From page 3 The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 The emergency lighting system must be either continuously in operation or must be capable of repeated automatic operation without manual intervention. 7.9.2.5 The facility failed to provide emergency illumination throughout the facility. Observation determined: 1) It could not be verified which light fixtures were on an emergency electrical circuit and if the light fixtures would continue to illuminate if one of the bulbs burnt out. 2) The lighting throughout the second floor corridors were controlled by light switches.	K 045	The monitoring of this lighting will be added to the Maintenance Engineer's monthly checklist	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by:	K 052	Our contracted fire alarm service provider will test 100% of photoelectric smoke detectors and 100% of photo-duct detectors. St. Gerards fire alarm service provider has been contacted and agreed that all future fire alarm inspections will be scheduled ahead of time with our Maintenance Engineer and Maintenance Engineer must be present during inspection of all devices.	9/10/09

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K 052	Continued From page 4 The facility failed to ensure the fire alarm system was tested in compliance with NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). Record review indicated that some of the initiating devices were not tested. The 11-01-07 to 10-31-08 fire alarm testing contract indicated that twenty four (24) photoelectric smoke detectors and three (3) photo-duct detectors would be tested. The 11-17-08 fire alarm test indicated that only twenty (20) photoelectric smoke detectors and three (3) photo-duct detectors were tested.	K 052	Maintenance Engineer and Administrator will double check report received from fire inspection company to ensure that all devices have been checked.	
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: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time	K 054	Our contracted fire alarm service provider will do sensitivity testing on 100% of photoelectric smoke detectors and 100% of photo-duct detectors. St. Gerards fire alarm service provider has been contracted and agreed that all future sensitivity testing will be scheduled ahead of time with our Maintenance Engineer and Maintenance Engineer must be present during testing of all devices. Maintenance Engineer and Administrator will double check report received from fire inspection company to ensure that all devices have been tested.	9/10/09

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K 054	Continued From page 5 between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test results indicated the smoke detection system was not sensitivity tested at frequencies in compliance with the minimum requirements of NFPA 72. The 11-01-07 to 10-31-08 fire alarm testing contract indicated that twenty four (24) photoelectric smoke detectors and three (3) photo-duct detectors would be tested. The 7-29-08 sensitivity test indicated only twenty two (22) photoelectric smoke detectors and no photo-duct detectors were tested.	K 054		
K 066 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are	K 066	Facility will provide the residents, staff and general public with a written smoking policy. (see attached) Included in policy will be locations of the exterior designated smoking areas. Outdoor designated smoking areas will be marked as such.	9/10/09

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K 066	Continued From page 6 readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: The facility failed to provide the residents, staff, and the general public with a written smoking policy. Review of policies indicated that a written policy was not developed to inform residents, staff, and the general public as to where smoking is allowed and the locations of the exterior designated smoking areas.	K 066		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch.	K 130	Transfer switches will be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact, erosion, removal of dust and dirt, and replacement of contacts when required. Facility will conduct quarterly checks and maintenance of the emergency generator electrical transfer switch and these quarterly checks will be added to Maintenance Engineer's checklist. (see attached)	9/10/09
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144	Continued From page 7 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not done during July 2009.	K 144	Maintenance Engineer will inspect generators weekly and document these inspections on his checklist. (see attached) If Maintenance Engineer is not on the premisis during the period of time when weekly inspection should occur, a person shall be trained and will perform the inspection upon Maintenance Engineer's absence.	9/10/09
K 155 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: The facility failed to provide emergency procedures for when the fire alarm system is out of service for more than 4 hours. The emergency procedures manual for the facility did not include any information detailing when and	K 155	St. Gerard's emergency procedures manual is updated to include information detailing when and how we will contact the State Survey Agency and implement a fire watch, including how the fire watch would be conducted in the event that the fire alarm system is out of service for four hours or more.	9-10-09

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K 155	Continued From page 8 how the facility would contact the State Survey Agency and implement a fire watch, including how the fire watch would be conducted, in the event that the fire alarm system is out of service for 4 hours or more.	K 155		