STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355037	A. BUILDING **02 - MAIN BUILDING 02** B. WING _____	**07/07/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALOISIUS MEDICAL CENTER NURSING HOME	**325 E BREWSTER ST** **HARVEY, ND 58341**

(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 18-New Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type II (000) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The St. Aloisius Hospital was attached to the nursing facility with two-hour fire-rated barriers at the west and south side of Unit A and at the north side of Unit B. An independent living unit was separated from the nursing facility by an occupancy separation wall having a two-hour fire resistance rating. The partial basement of Unit B was separated from the main floor with a two-hour floor/ceiling assembly and two-hour rated vertical shafts.	K 000		
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1 This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the	K 046	A new emergency lighting system will be installed by the switch gear in the hospital basement. Only the one switch gear has the potential to be affected. A log sheet will be developed which will be used to	8/14/15

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

Electronically Signed | 07/17/2015

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 046	Continued From page 1 owner for inspection by the authority having jurisdiction. 7.9.3 The facility failed to ensure emergency lighting of at least 1 1/2-hour duration. The battery-pack lighting at the automatic transfer switch #1 location failed to illuminate when tested. Failure to maintain emergency lighting increases the risk of death or injury due to fire. The deficiency affected emergency lighting at one (1) of two (2) automatic transfer switches, which serve the entire facility.	K 046	record monthly and yearly tests. The Director of Plant Operations will develop this program and train the Maintenance staff on how to implement the program. QI: will monitor monthly for three months and quarterly for three quarters.	
K 052	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: 1) System defects and malfunctions shall be corrected. NFPA 72 7-1.1.2 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code.	K 052	The smoke detector and pull station were replaced by a Simplex service tech the next day (7-8-15). All smoke detectors and pull stations have the potential to be affected. The Director of Plant Operations will ensure that a Simplex service tech will respond to our service requests in a more timely manner. QI: the fire annunciator	7/8/15

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K 052	Continued From page 2 Observation determined the fire alarm panel was indicating a trouble condition for the smoke detector in Unit A Linen Storage Room that had failed and had not been repaired or replaced at the time of the survey. Failure to maintain smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous smoke detectors in the facility. 2) System defects and malfunctions shall be corrected. NFPA 72 7-1.1.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. Observation determined the fire alarm panel was indicating a trouble condition for the pull station at the north entrance of Harmony Lane that had failed and had not been repaired or replaced at the time of the survey. Failure to maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous pull stations in the facility. The smoke detectors and pull stations are components of the complete fire alarm system, which serves the entire facility.	K 052	will be monitored weekly for one month and monthly for one year.	
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		8/14/15

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K 062	Continued From page 3 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 1) Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NFPA 25 2-3.2 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. Record review determined the automatic sprinkler system annual inspection report indicated the sprinkler system gauges had not been replaced or calibrated within the last five (5) years. The deficiency affected all sprinkler system gauges in the facility. 2) 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. Exception: Where connections of a size sufficient to conduct a full flow test are not	K 062	Nova Fire Protection Company has been contracted to replace the gauges and to do the annual Backflow Preventer Test. The Nova service tech has them both scheduled for August 11, 2015. All gauges and the backflow preventer have the potential to be affected. Nova will combine them with our annual sprinkler test to prevent from occurring again. In addition, the Backflow Preventer test and all the gauges will be put on Nova's calendar. The Director of Plant Operations will ensure that the schedule is met per regulatory requirements and QI as needed to ensure completion.	

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K 062	Continued From page 4 available, tests shall be conducted at the maximum flow rate possible. NFPA 25 9-6.2 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. Record review determined no annual back flow preventer test was conducted in the past twelve months. The deficiency affected one (1) of numerous required inspections of the automatic sprinkler system. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The gauges and backflow preventer are components of the complete automatic sprinkler system, which serves the entire facility.	K 062		