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 _____	**06/12/2017**

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 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 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 133 SS=D	NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows:	K 133		7/27/17

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

Electronically Signed | 06/26/2017

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K 133	Continued From page 1 * The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1 * The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters. 18.1.3.5, 19.1.3.5, 8.2.1.3 This STANDARD is not met as evidenced by: The facility failed to ensure the fire resistance rating of occupancy separation walls. 19.1.3.5, 8.2.1.3 Observation determined the door through the two-hour fire resistant rated occupancy separation wall from the Unit A south corridor in the nursing home to the Kitchen in the hospital failed to self-close and latch. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire. This deficiency affected one (1) of four (4) two-hour fire resistant rated occupancy separation walls in the facility.	K 133	1. No resident was directly affected by this deficiency. 2. All residents have the potential to be adversely affected by the failure of a required two-hour fire separation. 3. A two hour fire-resistant door has been ordered and will be installed by a qualified contractor to assure that it will self-close and latch. The other three similar sets of doors in the facility have been inspected to ensure that the latching and self-closing hardware are functioning properly. 4. The Director of Plant Operations, or his designee, will conduct monthly ongoing QA monitoring to assure all four sets of two-hour fire-resistant doors close and latch properly. If they do not, appropriate steps will be taken to remedy the situation. This monitoring will continue indefinitely and will become a part of the facility's preventive maintenance program. Any issues will be reported to the facility quality assurance committee for review and possible action. 5. Completion date: 07/27/2017	
K 291 SS=D	NFPA 101 Emergency Lighting	K 291		7/27/17

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K 291	Continued From page 2 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 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 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. Review of records indicated the facility failed to conduct an annual 1 1/2-hour test on the emergency battery pack light at the transfer switch location. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency battery back-up light in the building.	K 291	1. No resident was directly affected by this deficiency. 2. All residents have the potential to be adversely affected by the failure of a transfer switch and inability of staff to see the switch in the dark to assure activation of the standby generator. 3. This is the only emergency lighting unit of its kind in the facility. The Director of Plant Operations will train Maintenance staff on the proper procedure for testing emergency lighting systems. Testing will be performed in accordance with 7.9, 18.2.9.1 of the 2012 edition of NFPA 101 (Life Safety Code). 4. The Director of Plant Operations, or his designee, will perform quality assurance monitoring on a monthly basis for one year, to assure that the proper testing is being performed. The testing of the emergency lighting system will become part of the facility's preventive maintenance program. Any issues that arise will be reported to the facility quality assurance committee for review and possible action. 5. Completion Date: 07/27/2017	
K 353 SS=F	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353		7/27/17

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K 353	Continued From page 3 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly.	K 353	1. No resident was directly affected by this deficiency. 2. All residents have the potential to be adversely affected if the automatic sprinkler system malfunctions. 3. A new procedure will be developed and implemented by the Director of Plant Operations, requiring that all control valves and gauges of the automatic sprinkler system be visually inspected and proper documentation performed on a monthly basis. The Director of Plant Operations will educate other Maintenance staff on the newly-developed procedure. 4. Quality Assurance monitoring will be performed by the facility Compliance Officer, or her designee, on a monthly basis for three months and quarterly thereafter, for one year, to assure that the required inspection of the automatic	

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K 353	Continued From page 4 Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	sprinkler system is being done. Any issues will be reported to the facility quality assurance committee for review and possible action. 5. Completion Date: 07/27/2017	
K 521 SS=F	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Fire dampers shall be tested and inspected in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. All tests shall be completed in a safe manner by personnel wearing personal protective equipment. Full unobstructed access to the fire or combination fire/smoke damper shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or	K 521	1. No resident was directly affected by this deficiency. 2. All residents have the potential to be adversely affected if the fire dampers malfunction. 3. The documentation will be put into the policy manual and the Director of Plant Operations will communicate the new process to all appropriate personnel. 4. The Director of Plant Operations, or his designee, will monitor the documentation in the policy on a monthly basis for one year. The findings will be reported to the Quality Assurance Committee on a quarterly basis. 5. Completion Date: 07/27/2017	7/27/17

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K 521	Continued From page 5 other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall not be blocked from closure in any way. The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/smoke damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review by the AHJ. 19.5.2.1, 9.2.1, NFPA 90A 5.4.8.1, NFPA 80, 19.4 The facility failed to test and inspect fire dampers in accordance with NFPA 80. Review of records and staff interview determined the tests and inspections of fire dampers were not performed as required. On 06/12/2017, no records of tests and inspections of fire dampers were available. Failure to test and inspect fire dampers in accordance with NFPA 80 increases the risk of death or injury due to fire. This deficiency affected all fire dampers in the facility.	K 521		
K 712 SS=E	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire	K 712		7/27/17

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K 712	Continued From page 6 conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at 2:15 pm, 10:35 am, 2:32 pm and 11:45 am. 2) The last four (4) fire drills for the PM shift occurred at 6:10 pm, 3:40 pm, 4:00 pm and 3:38 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Five (5) fire drills in the past year all occurred at times within 22 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K 712	1. No resident was directly affected by this deficiency. 2. All residents of the facility have the potential to be adversely affected if staff do not know what to do during a fire situation at any and all times of the day and night. 3. The facility Compliance Officer and Director of Plant Operations will formulate a schedule of fire drills several months in advance, bearing in mind that drills must be conducted at various and varied times of all shifts. No other facility staff will be made aware of this schedule to ensure that drills are not expected or anticipated on a particular day or time. 4. The fire drill policy has been updated to reflect the above. Quality assurance monitoring will be conducted by the Compliance Officer on a quarterly basis ongoing, to ensure that fire drills are actually being held at times which are compliant with this requirement. Any issues will be reported to the facility quality assurance committee for review	

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K 712	Continued From page 7 The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	and possible action. 5. Completion Date: 07/27/2017	
K 918 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA	K 918		7/27/17

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K 918	Continued From page 8 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110.	K 918	1. No resident was directly affected by this deficiency. 2. All residents of the facility have the potential to be adversely affected if emergency power is not available when the facility's normal electrical power fails. 3. The Director of Plant Operations will train Maintenance staff on the requirement that, when the emergency generator is activated for the monthly thirty minute load test, the generator must be pulling at least thirty percent of its maximum capacity. If it is not pulling thirty percent, load must be added to bring the generator up to or over the level during the test. 4. The Director of Plant Operations will conduct quality assurance monitoring on a monthly basis ongoing, to ensure that the above requirements are being complied with. Any issues will be reported to the facility quality assurance committee for review and possible action. 5. Completion Date: 07/27/2017	

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K 918	Continued From page 9 Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the diesel generator loaded the generator to at least 30 percent (75 kW) of the nameplate rating. The nameplate rating of the generator was 250 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30 percent of nameplate rating or manufacturer's recommended temperature is achieved during the required monthly exercises. Failure to inspect and maintain emergency generators in accordance with NFPA 99 and NFPA 110 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 918		