

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355037	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER ST ALOISIUS MEDICAL CENTER NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 attached to the southeast side of Unit B and 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 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied,	K 341		9/21/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/14/2018

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 341	Continued From page 1 detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the fire alarm system functioned in accordance with NFPA 72, National Fire Alarm Code. Observation determined an annunciation panel located at the Unit B Nurses Station in the A Wing had a blank display. The annunciation panel must monitor the fire alarm panel's primary functions: 1) Audible and visible signal that would indicate system trouble. 2) Visible signals that indicated which fire alarm zone is into alarm. 3) Audible and visible monitor of the fire alarm system supervisory signal. Failure to ensure the fire alarm system functions in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) remote annunciator panels in the facility. The fire alarm	K 341	1. No resident was directly affected by this deficiency. 2. All residents have the potential to be affected by the failure of the Unit B Nurse's Station annunciator panel. 3. A new annunciator panel was ordered on August 13, 2018 and will be installed and tested by a qualified contractor. The other annunciator panel has been inspected for proper function by the Life Safety Code inspector and the Maintenance Department. 4. The Director of Plant Operations or his designee will conduct monthly ongoing QA monitoring to assure that all annunciator panels are functioning properly. If they do not, appropriate steps will be taken to remedy the situation. This monitor will continue monthly for six months and then semi-annually indefinitely and will become a part of the facility's preventative maintenance		

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K 341	Continued From page 2 system serves the entire facility.	K 341	program. Any issues will be reported to the QA Committee for review and possible action. 5. Completion Date: 09/21/2018.		