STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355037	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/26/2014

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 19-Existing 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 nursing facility was comprised of two separate additions (Unit A constructed in 1973 and Unit B constructed in 1978) with a connecting corridor through St. Aloisius Hospital. Only Unit A was surveyed. Unit B was undergoing a remodeling project and was not surveyed. 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. A construction barrier separated Unit B from Unit A at the new main entrance to the nursing facility.	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: PRESIDENT/CEO — (X6) DATE: 7-9-2014

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.

emailed 7-11-14

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K 029	Continued From page 1 fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Doors to hazardous areas must be self-closing and be equipped with self-latching hardware. The facility failed to ensure doors to hazardous areas were provided with self-closing devices and self-latching hardware to keep the door closed. Observation determined: 1) The west door leaf of the pair of doors to the West Wing Storage Room was equipped with manual flush bolt latches rather than the required automatic latching hardware. 2) The Clean Linen Storage Room door was not equipped with a self-closing device. Failure to separate hazardous areas increases the risk of death or injury due to fire. This deficiency affected two (2) of three (3) hazardous areas.	K 029	1. The manual flush bolt latch will be removed and automatic latching hardware will be installed by the Maintenance Department. A QA will be done on all doors to hazardous areas to insure that automatic latching hardware is installed and operational. The doors will be checked monthly for the first quarter and then quarterly for one year. 2. A self-closing device will be installed on the Clean Linen Storage Room by the Maintenance Department. A QA will be done on all doors to hazardous areas to insure that there are self-closing devices installed and operational. The doors will be checked monthly the first quarter and then quarterly for one year. The results will be reported to the QA committee as appropriate.	8-8-14
K 130	NFPA 101 MISCELLANEOUS	K 130		

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K 130 SS=D	Continued From page 2 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Buildings or portions of buildings shall be permitted to be occupied during construction, repair, alterations, or additions only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the authority having jurisdiction are in place. Protection must be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. 4.6.10, NFPA 241 8.6.2.1 through 8.6.2.3. 1) Walls shall have at least a 1-hour fire resistance rating. 2) Opening protectives shall have at least a 45-minute fire protection rating. The facility failed to ensure protection was provided to separate an occupied portion of the structure from a portion of the structure undergoing renovations. Observation determined the construction barrier between Unit A and Unit B had less than one-hour fire resistance rating. The head of wall was not sealed between the gypsum board and the fluted	K 130	The foreman from T.F. Powers Construction sealed the head of wall between the gypsum board and the fluted roof deck with fire caulk. Maintenance will do a QA on the construction barrier monthly until the barrier is no longer needed.	7-2-14

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K 130	Continued From page 3 deck on the side exposed to the Unit A main exit. Failure to provide adequate construction barriers increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) construction barriers.	K 130		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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: 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. For Level 1 and Level 2 systems located outdoors, the manual shutdown must be located external to the weatherproof enclosure and must be appropriately identified. NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition. The facility failed to ensure the emergency	K 144	K144 A remote stop switch will be installed in a weatherproof enclosure on the outside wall of the hospital Boiler Room. It will be appropriately identified as required by NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition. The remote stop switch will be visually inspected monthly when generator is operated under load by the Maintenance Department. The results will be reported to the QA committee as appropriate.	8-8-14

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K 144	Continued From page 4 generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. The generator was located outside south of the hospital Boiler Room. No remote stop switch enclosed in a weatherproof enclosure was provided on the outside wall of the hospital or nursing home. Failure to ensure the emergency generator is in compliance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure the electrical wiring was maintained in accordance with NFPA 70. Observation determined: 1) Two (2) electrical transformers were observed to be plugged into two (2) electrical receptacles above the suspended ceiling. The receptacles were not installed in electrical boxes but were suspended by circuit wiring. The receptacles were located in Unit A, Harmony Lane and Meadow Lane. 2) The Unit A whirl pool tub lacked ground fault	K 147	K147 1. The electrician from Bergstom Electric Company installed the 2 (two) electrical receptacles into the electrical boxes and installed covers on the boxes. The Director of Plant Operations will inspect all construction zones for proper installation of electrical receptacles. 2. The same electrician installed the GFCI breaker as soon as it was discovered that the whirlpool tub was not on the GFCI breaker. The results will be reported to the QA committee as appropriate.	7-1-14

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K 147	Continued From page 5 circuit interrupter (GFCI) protection. A GFCI breaker was installed in the appropriate electrical circuit in the electrical panel to provide GFCI protection for the whirlpool tub. This was verified as functional prior to the exit conference. Failure to ensure electrical wiring is in accordance with NFPA 70 requirements increases the risk of death or injury due to fire. The deficiency affected the entire facility.	K 147		