STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. BUILDING **01 - MAIN BUIDLING** B. WING _____	**09/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA VILLAGE	**501 19TH ST NE JAMESTOWN, ND 58401**

(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 and Chapter 19 Existing Health Care Occupancies, in compliance with 42 CFR 483.70(a). The facility was located in a one-story building of Type V (000) construction with a partial basement. An addition of Type II (000) construction was attached to the south end of the Service Wing in 2014. The building was equipped with a wet automatic sprinkler system with quick response sprinklers designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. The facility was divided into three smoke zones; A & B Wing (resident sleeping rooms), C & D Wing (resident sleeping rooms), and Service Wing (central nurses station, dining room, therapy, and kitchen).The 2014 addition (garage, chapel, and family suite) attached to the south end of the Service Wing was surveyed under Chapter 18 New Health Care Occupancies. An assisted living complex was attached to the west side of the nursing facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by:	K 046		11/6/16

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

Electronically Signed | 10/05/2016

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K 046	Continued From page 1 A functional test must be conducted on every required battery powered 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. The facility failed to ensure emergency lighting of at least 1½ hour duration. The emergency battery-pack light in the room housing the emergency generator transfer switch failed to illuminate when tested. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) emergency battery-pack lights.	K 046	With assistance from electrician, maintenance staff will install battery pack lights that shine directly on the two transfer switches in the electrical room and the standby generator. A formal preventive maintenance process/form will be developed by the maintenance director for documentation of the 30-day-interval 30-second tests, and annual 1 1/2 hour tests of all battery-powered emergency lights.	
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	K 052		11/6/16

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. 1) Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The load voltage test of the fire alarm system batteries was done by an outside company during the annual inspection on 10/29/15. The semi annual fire alarm load voltage test was completed by internal Maintenance Staff. No documentation of any load voltage test of two batteries located in the NAC box (notification appliance circuit box) in the Chapel Air Handling Room was available. Failure to test and maintain all components the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire. The deficiency affected two (2) of four (4) required load voltage tests of the fire alarm system batteries in the last year. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3. 2) 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 (Tables 7-2.2, 7-3.1 and 7-3.2). This code identifies specific inspection, testing and	K 052	A preventive maintenance form will be developed by the maintenance director that includes all batteries in the facility which must be subject to load voltage testing. This will document the semi-annual testing done by in-house maintenance staff. Fire alarm system service contractor will be notified by maintenance director to add load voltage testing of ALL batteries to the tasks performed during their annual inspection of the system. Maintenance director will verify that this is done at each annual visit of the contractor. Maintenance director will inspect the entire building and map/document the location of each device and component of the fire alarm system, and will hold the fire alarm system service contractor accountable for testing each and every device at the time of each annual inspection. In order to ensure timeliness of the contractor's inspection, maintenance director will contract contractor approximately thirty days in advance of the one-year anniversary of the previous visit.	

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K 052	Continued From page 3 maintenance frequencies and methods that must be followed for a facility to be in compliance. Visual inspections are to be conducted initially during the acceptance test and on a semiannual basis thereafter. Functional tests of smoke detectors are to be completed initially during the acceptance test and at least on an annual basis thereafter. 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 between calibration tests may be extended, not to exceed five years. Records review determined inconsistent numbers of various alarm devices tested from 2014 to 2016 in the facility over the previous three years. No documentation was provided to indicate magnetic door hold-open devices were tested during the past twelve months. Failure to test and maintain all components the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire. The deficiency affected multiple components of the fire alarm system. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052		
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those	K 054		11/6/16

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K 054	Continued From page 4 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: Smoke detectors are not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. NFPA 72 A-2-3.5.1 The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm Code. Observation determined numerous smoke detectors throughout the building were located within three (3) feet of a supply or exhaust air diffuser. Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the building.	K 054	Maintenance director and staff will inspect the entire facility to determine the location of each smoke detector which is located within three feet of a supply or exhaust air diffuser. These devices then will be moved such that each one will be in compliance with this requirement.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by:	K 062		11/6/16

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K 062	Continued From page 5 The facility failed to ensure the automatic fire 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. 1) Observation determined one (1) sprinkler in Resident Room #A-27 was corroded and may not operate at the correct temperature. 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. This deficiency affected numerous inspections, tests and components of the automatic fire sprinkler system which serves the entire 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 available, tests shall be conducted at the maximum flow rate possible. 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. On 09/22/2016, records review determined there	K 062	1. Defective sprinkler head in question was replaced by contractor on 10/3/16. Maintenance department will conduct a semi-annual room-by-room visual inspection and cleaning of sprinkler heads, and will document whether each one appears to be in working order. Maintenance director will then take steps to repair or replace each sprinkler head which appears defective. Documentation of each inspection will be done on a preventive maintenance form to be developed by the maintenance director. 2. A backflow test had been performed by an outside contractor in July, 2015, however it has been over 14 months since then, which is not timely for the purposes of this plan of correction. A contract is now once again in place with the outside contractor to perform the required backflow preventer test. Test was performed on 10/3/16. CEO and maintenance director will assure that contract is in place each year.	

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K 062	Continued From page 6 was no record of the required annual back flow preventer test. 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 deficiency affected one (1) of numerous required tests of the automatic sprinkler system, which serves the entire building. Ref: 2000 NFPA 101 Section 18.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2	K 062		