

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

PRINTED: 01/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>355114 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02 - NORTH DAKOTA VETERANS HOME<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | (X3) DATE SURVEY<br>COMPLETED<br><br>12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NORTH DAKOTA VETERANS HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1600 VETERANS DRIVE<br>LISBON, ND 58054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X5)<br>COMPLETION<br>DATE |                                                 |
| K 000                                                          | INITIAL COMMENTS<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements.<br><br>The facility was located in a one-story building of Type II (000) construction that was protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>A penthouse located above Sections A and D housed mechanical equipment.<br><br>An occupancy separation wall having a two-hour fire resistance rating provided a separation from the basic care building that was attached to the east and north sides of the building. | K 000                                                               | <u>K 052</u><br><u>NFPA 101 LIFE SAFETY CODE</u><br><u>STANDARD</u><br><br>1. The North Dakota Veterans Home contracts with Simplex Grinnell, a fire safety company, to do annual testing of battery voltage and equipment. Simplex Grinnell's reports show they tested voltage to the fire alarm system, however failed to do annual testing to the battery booster panels for section's A and D. North Dakota Veterans Home Maintenance staff contacted the Health Department a week prior to survey to speak to the Fire Marshall's office regarding booster panel testing requirements. Upon learning the requirements, all testing was conducted prior to the Fire Marshall's survey and batteries tested in good condition. New batteries were ordered to comply with the regulatory requirement for replacing batteries every 4 years. Our contracted company, Simplex Grinnell, failed to test booster |                            |                                                 |
| K 052<br>SS=F                                                  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure the fire alarm system was tested as required.<br><br>Review of fire alarm system test records                                                                                                                                                                                                                                                                    | K 052                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                                 |

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

TITLE

(X5) DATE

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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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>359114 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 02 - NORTH DAKOTA VETERANS HOME<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | (X3) DATE SURVEY<br>COMPLETED<br><br>12/23/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>NORTH DAKOTA VETERANS HOME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1600 VETERANS DRIVE<br>LISBON, ND 58054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                 |
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| K 052                                                          | <p>Continued From page 1</p> <p>indicated the semiannual load voltage test of the sealed lead acid batteries was performed by facility maintenance staff as required by NFPA 72, National Fire Alarm Code on six (6) of six (6) batteries.</p> <p>Load voltage tests were not conducted in accordance annually by the outside contracted service company.</p> <p>Records reviewed indicated the load voltage test indicated "passed". The number of batteries that had a load voltage test completed was not documented on 04/04/2014 by the contracted service provider.</p> <p>Failure to test and maintain all components of the fire alarm system as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility.</p> <p>Ref: 2000 NFPA 101 Section 16.3.4.1, 9.6.1.4;<br/>1999 NFPA 72 table 7-3.2 item 6.d.3.</p> | K 052                                                               | <p>panel batteries during their annual testing; therefore, we were cited for being out of compliance. New batteries were installed in the system one day after survey. No residents were affected by deficiency.</p> <ol style="list-style-type: none"> <li>2. Maintenance staff installed new batteries throughout the facility and no residents were affect by deficient practice.</li> <li>3. North Dakota Veterans Home Maintenance Department will add semiannual battery testing to their preventative maintenance program.</li> <li>4. Maintenance Supervisor will assure compliance with semiannual testing.</li> <li>5. Completion date:</li> </ol> | 12/23/14                   |                                                 |