ND Department of Health Life Safety Code Survey March 8, 2011
Lakewood Landing POC
Report received March 11, 2011 via email
POC submitted via email to NDDOH March 19, 2021info@jrmcnd.com

K251 MANUAL FIRE ALARM

The facility failed to test the fire alarm system as required.

1. *Review of fire alarm system test records indicated device test results did not provide an itemized list with the following information, device type, address, location, and test result as required.*

PLAN OF CORRECTION

1. **Nova Fire Protection Inc provides our annual Fire Alarm inspection, but did not provide a copy of most recent inspection report to Lakewood Landing . Lakewood Landing reached out to System Technologies on 3/9/21 to request a copy of most recent report, however they were not able to provide that from their file. Lakewood Landing requested a new inspection to be completed, which occurred on 3/19/21. This report will be forwarded to NDDOH, Life Safety Division, no later than April 2, 2021 and will maintain a copy at Lakewood Landing in compliance with NDDOH regulations.**

2 *Review of the fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The deficiency affected one of two load voltage tests of the fire alarm system batteries in the past year.*

PLAN OF CORRECTION

1. **System Technologies has completed Lakewood Landing tests load voltage of fire alarm batteries annually. Lakewood Landing will request semi-annual load voltage testing be completed on a semi-annual basis, and maintain record of these tests in Lakewood Landing fire safety documentation. The most recent test on file was 5/13/20. Lakewood Landing will request System Technologies test the load voltage of fire alarm batteries when doing new inspection of Fire Alarm system, which was completed on 3/19/21, a copy of which will be forwarded to NDDOH, Life Safety Division, no later than April 2, 2021. Lakewood Landing will establish a semi-annual testing pattern to begin at the time of this inspection, with follow up inspection to be scheduled for September 2021.**

K256 AUTOMATIC SPRINKLERS

The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition in accordance with NFPA 25.

PLAN OF CORRECTION

1. **Lakewood Landing contracts with Nova Fire Protection Inc for quarterly inspections of automatic sprinkler system. Lakewood Landing will complete a monthly inspection of the control valves and gauges of the sprinkler system, in addition to the quarterly inspection by Nova Fire Protection Inc, and will maintain records with dates of inspection and initials of staff completing the inspection, which will comply with NFPA 25 guidelines. This will be completed beginning in March 2021 and will occur monthly thereafter on same date as fire extinguisher checks. Lakewood Landing maintenance staff will consult with Nova Fire Protection Inc if gauges indicate ranges outside normal limits and correct positioning of shut off valves as needed or request repair from Nova Fire Protection if necessary. Most recent report of Sprinkler System inspection was dated 2/26/21, and was on file at time of Life Safety Code survey.**

K309 SMOKE DETECTION AND ALARM

The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72. Review of fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies of compliance to meet minimum requirements of NFPA 72. Last report on file for testing of smoke detector sensitivity was dated 5/15/18, which exceeds required two-year test interval.

PLAN OF CORRECTION

1. **Lakewood Landing requested copy of most recent annual fire alarm system report from System Technologies, which would have included testing sensitivity of smoke detectors. System Technologies was unable to provide that report from their file. Lakewood Landing will include sensitivity testing of smoke detectors when System Technologies does new inspection of Fire Alarm system which occurred on 3/19/21, and a copy of this report will be provided to NDDOH no later than April 2, 2021, and kept on file at Lakewood Landing.**

Lakewood Landing maintenance staff will request annual sensitivity testing of smoke detectors for two consecutive years from March 2021, and providing detectors are within allowed range, will then complete subsequent testing every two years beginning in 2023.

K321 INSPECTION OF DOOR OPENINGS

1. *The Facility did not test and inspect door assemblies annually to ensure that they swing in the direction of egress travel.*

PLAN OF CORRECTION

1. **Annual testing and inspection of door assemblies will be conducted to ensure all doors swing in the direction of egress travel. Records will be maintained in Lakewood Landing fire safety compliance files. This will begin completed no later than March 31, 2021, and will be conducted monthly hereafter.**

K2130 OTHER LSC DEFICIENCIES

The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A.

PLAN OF CORRECTION

1. **A blue maintenance tag is on the extinguishing system which covers the range hood area in the Kitchen, and monthly visual inspections will be conducted by maintenance staff, initialed and dated, beginning no later than March 31, 2021. Records will be maintained in Lakewood Landing fire safety compliance files which will verify our compliance of these inspections. This monthly inspection shall include:**
   a. **The extinguishing system is in its proper location.**
   b. **The manual actuators are unobstructed.**
   c. **The tamper indicators and seals are intact.**
   d. **The maintenance tag or certificate is in place.**
   e. **No obvious physical damage or condition exists that might prevent operation.**
   f. **The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.**
   g. **The nozzle blowoff caps, where provided, are intact and undamaged.**
   h. **Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.**
2. **Any item to be found deficient during the monthly inspection will be noted on date of inspection, and proper documentation of repair or replacement will be maintained in Lakewood Landing fire safety compliance files. Lakewood Landing contracts with JT Fire, LLC for maintenance of the range hood system inspections on a semi-annual basis, and will utilize this service for any repair needed to ensure proper system capabilities. Last reported inspection by JT Fire was dated 9/22/20, with documentation present at time of Life Safety Code survey.**

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8097	A. BUILDING: 01 - LAKEWOOD LANDING B. WING _____	03/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD LANDING, INC	4401 21ST ST SE MANDAN, ND 58554

(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) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type V (111) construction that was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13R Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height. An assisted living building was attached to the west side of the basic care building. The assisted living was surveyed in addition to the basic care due to the absence of a one-hour fire rated separation between the basic care and the assisted living unit. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 3.38.	K 000		
K 251	MANUAL FIRE ALARM General. A fire alarm system in accordance with Section 9.6 shall be provided, unless all of the following conditions are met: (1) The facility has an evacuation capability of prompt or slow. (2) Each sleeping room has exterior exit access in accordance with 7.5.3. (3) The building does not exceed three stories in height. 33.3.3.4.1	K 251		

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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K 251	Continued From page 1 This state licensing rule is not met as evidenced by: A fire alarm system in accordance with section 9.6 shall be provided. 33.3.3.4.1. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. 1) Review of fire alarm system test records indicated device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the following information, device type, address, location, and test result as required. This deficiency affected one (1) of one (1) fire alarm system. 2) 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 most current fire alarm system batteries load voltage test was conducted by an outside company during the annual inspection on 05/13/2020. No other record of a load voltage test of the fire alarm system batteries was available in the past year. This deficiency affected one (1) of two (2) load voltage tests of the fire alarm system batteries in	K 251		

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K 251	Continued From page 2 the past year. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The fire alarm system serves the entire facility.	K 251		
K 256	AUTOMATIC SPRINKLERS Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 33.3.3.5.1.1, 33.3.3.5.1.2, and 33.3.3.5.1.3. 33.3.3.5.1 This state licensing rule is not met as evidenced by: 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. 33.3.3.5.1. 9.7.5. Record review and interview with staff determined	K 256		

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K 256	Continued From page 3 the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 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 256		
K 309	SMOKE DETECTION AND ALARM All living areas, as defined in 3.3.21.5, and all corridors shall be provided with smoke detectors that comply with NFPA 72, National Fire Alarm and Signaling Code, and are arranged to initiate an alarm that is audible in all sleeping areas, as modified by 33.3.3.4.8.2 and 33.3.3.4.8.3. 33.3.3.4.8.1 This state licensing rule is not met as evidenced by: 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. 33.3.3.4.8, NFPA 72 14.4.5.3 The facility failed to ensure smoke detectors were	K 309		

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K 309	Continued From page 4 maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. Test records indicated the smoke detectors were last sensitivity tested on 05/15/2018 exceeding the required two-year test interval. The smoke detector sensitivity test results were not adequate to determine the use of the five-year interval. Failure to test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all smoke detectors in the facility.	K 309		
K 321	Inspection of Door Openings Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.7.7 This state licensing rule is not met as evidenced by: Door assemblies for which the door leaf is	K 321		

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K 321	Continued From page 5 required to swing in the direction of egress travel shall be inspected and tested not less than annually. 33.7.7, 7.2.1.15 The facility failed to inspect, and test door assemblies as required. Review of records and interview of staff determined annual door assembly inspections were not completed. Failure to inspect and test door assemblies in the means of egress increases the risk of death or injury due to fire. This deficiency affected all door assemblies required to swing in the direction of egress throughout the facility.	K 321		
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: This state licensing rule is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems. On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.	K2130		

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K2130	Continued From page 6 At a minimum, this quick check or inspection shall include verification of the following: (1) The extinguishing system is in its proper location. (2) The manual actuators are unobstructed. (3) The tamper indicators and seals are intact. (4) The maintenance tag or certificate is in place. (5) No obvious physical damage or condition exists that might prevent operation. (6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. (7) The nozzle blowoff caps, where provided, are intact and undamaged. (8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed. Failure to conduct monthly inspections of the wet	K2130		

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K2130	Continued From page 7 chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K2130		