STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. BUILDING 01 - MAIN BUILDING 01 B. WING	04/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST MANOR	100 ELM AVE NEW SALEM, ND 58563

(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 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. This facility was located in a one-story building of Type V (000) construction built in 1969 with an addition of Type II (000) construction built in 1990. A main entrance, multipurpose room, garage, Therapy Room and Sun Room of Type V (000) construction were built in 2001. An addition with a partial basement of Type V (111) construction was built to the north in 2009. The building was protected throughout with a wet and dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. Chapter 18 New Health Care Occupancies was used to survey the 2009 addition on the first floor and basement. Attached to the facility was an assisted living unit. An occupancy separation wall having a two-hour fire resistance rating was constructed between the assisted living unit and the health care occupancy.	K 000		
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	K 062	1. On 4/17/14 The Maintenance Director contacted NOVA to obtain verbal instruction on how to do the weekly test of electric motor-driven pump assembles without flowing water. Elm Crest Manor obtained a Fire Pump Weekly Operating Test form that will be used on future weekly inspections. On	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tawnya Dag	Administrator	4-23-14

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 062	Continued From page 1 This STANDARD is not met as evidenced by: A weekly test of electric motor-driven pump assemblies must be conducted without flowing water. This test must be conducted by starting the pump automatically. The pump must run a minimum of 10 minutes. NFPA 25, 5-3.2.1. The facility failed to ensure the horizontal-shaft electrically-powered fire pump was inspected and tested in accordance with NFPA 25, (1998 edition) Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Records review determined the facility had no documentation of weekly no flow testing of the automatic sprinkler system's electric fire pump during the past twelve (12) months.	K 062	4/21/14 the first weekly inspection was completed. Please refer to Attachment A. 2. This Fire Pump is the only one at Elm Crest Manor. There are no other Fire Pumps that need to be identified. 3. Weekly testing will be done starting 4/21/14 using the Fire Pump Weekly Operating Test Form which will also show the person in Maintenance that did the inspection that week. 4. Our Monthly Interdisciplinary QA Committee will meet Quarterly on this particular test to make sure that no weeks are missed and everything is running properly. A Weekly Report will be completed each week to show what day the test was done and by whom. Please refer to Attachment B. 5. First testing was completed on 4/21/14 and will be done weekly indefinitely.	4/21/2014
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection of the automatic kitchen hood fire suppression system in accordance with the manufacturer's listed procedures. NFPA 96 11.2.2 Records review determined the operation of the gas valve was not tested as indicated on the contracted vendor fire suppression service report	K 069	K 069 1. Next semi-annual inspection for the gas valve to be tested is in August of 2014. The company Total Safety who was previously doing the fire suppression service is no longer providing this inspection as a service.	

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K 069	Continued From page 2 dated 8/20/13.	K 069	Elm Crest Manor is working on a contract now with Nardini Fire Equipment Co. In the new contract it will be stated that the inspector must inform the Administrator or Maintenance Director the date and time they next inspection will be. The only times Elm Crest Manor will allow this testing to be done will be between the hours of 1 PM-3 PM so as not to disturb any meal preparations. Also, before the inspector leaves the building they must see either the Administrator or Maintenance Director to sign off on the inspection report to make sure everything was done properly. 2. The gas stove and convection ovens in the kitchen are the only appliances at Elm Crest Manor affected by the Gas Valve and semi-annual Fire Suppression Inspection. 3. To ensure that the deficient practice will not recur it will be stated in the new contract that the Inspector must see either the Administrator or the Maintenance Director before they leave the building to review the Inspection form and sign off on it.	

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K 069	Continued From page 2 dated 8/20/13.	K 069	4. Our Monthly Interdisciplinary QA Committee will meet Quarterly on this particular inspection to review that the forms are being signed off appropriately to ensure all tests are done accordingly. 5. The date of the inspection where the deficiency occurred was in August of 2013. Since then the Fire Suppression Inspection was completed in February of 2014 and was done correctly. Please Refer to Attachment C for this report. The next inspection will be done in August of 2014.	4/22/2014