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 _____	04/24/2012

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

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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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is	K 018	The issue of the Chapel Door Hardware. It was found that the wrong hardware had been specified. There will be a contractor coming on site to change to auto latch hardware and make sure spacing for the door is correct. Any new doors or new	

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

Robert Owens — Admin — 5/10/12

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 018	Continued From page 1 no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: The facility failed to ensure the corridor doors were provided with hardware to keep the door closed. Observation determined the latching hardware on the east leaf of the new Chapel door was equipped with manual flush latches rather than the required automatic flush latching hardware.	K 018	construction that may be purchased in the future will meet the requirement of K018. Any architect that will be involved in any future projects will be alerted to the requirement. The Administrator and the Director of Maintenance will be monitoring any new placement of doors or new construction to the care center. If construction or replacement occurs we will meet the requirement of K018. Monitoring will be done by the Director of Maintenance and the Administrator.	6/8/12
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	We will be fire caulking the smoke barrier wall south of the Activity Room. This was design correct and we will have a contractor on site to complete the remaining fire caulking. Any changes to the building that would be the addition or removal of doors or door-ways will need to meet the regulations in K025. Any new construction or correction to any areas that would fall under the	

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K 025	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of five (5) smoke barriers was at least one-hour fire resistant and smoke resistant. Observation determined the new smoke barrier that went across the corridor on the south side of the Activity Room was not complete. 1) The electrical conduit penetrations (above the cross corridor doors) were not adequately sealed with fire rated material. 2) The head-of-wall joint between the wall and the ceiling/roof assembly was not sealed with fire rated material. 3) The cross corridor section of the smoke barrier wall abuts concrete block walls on both sides of the corridor. The space between this section of smoke barrier wall and the two concrete block walls were not sealed with fire rated material.	K 025	regulation of K025 will be monitored by the Director of Maintenance and the Administrator.	5/22/12
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive	K 027	The wire glass in rated doors will be put in place by the contractor. The glass is on order and will be in place by June 8th. All and any doors that come into the care center by new construction or by replacement will meet the requirements of K027. This will be monitored by the Director of Maintenance and the Administrator.	6/8/12

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K 027	Continued From page 3 latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: The facility failed to ensure doors located in smoke barrier walls were 20-minute fire rated assemblies. Three (3) of thirteen (13) smoke barrier doors were not at least 20-minute fire resistant rated. Observation determined the glass in the two cross corridor door leaves to the Oak Wing and the smoke barrier door to the Charting/Nourishment Areas were not wire glass or etched as fire rated glass.	K 027		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour 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: The facility failed to ensure doors to four (4) of eight (8) hazardous areas were rated for at least 45 minutes and were self-closing and positive	K 029	The wire glass that was specified was not put in place by a contractor. This glass is on order and will be replaced by June 8th. Any new doors will be examined upon installation by the Director of Maintenance to see that wire glass is in place. This will be monitored by both the Director of Maintenance and the Administrator. In regard to the existing exterior door at receiving not rated. When we added the north door to the laundry off receiving and keeping the existing door, the intention was to rate all of receiving with laundry and not separate receiving with laundry. This has since been submitted to NDDH for review and approval.	6/8/12

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K 029	Continued From page 4 latching. Observation determined: 1) The glass in the two Laundry Room corridor doors and the Electrical/Mechanical Room corridor door were not wire glass or etched as fire rated glass. 2) The existing exterior door between the new Receiving Room and the new Laundry Room has 1296 square inches of glass and was not a 45-minute fire rated assembly.	K 029		
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Exits must be marked by approved signage that is readily visible from any direction of exit access and that obviously and clearly identifies the exit. 7.10.1.2 The facility failed to mark the exit paths with readily visible signage. Observation determined that exit signs were not installed on either side of the cross-corridor doors located south of the Activity Room.	K 047	Exit signs will be put in place by the local electrician. He will be placing signs on both sides of the door way. We will continue to monitor any new construction that may need to meet the requirement of K047. This monitoring will be done by the Director of Maintenance and the Administrator.	6/8/12
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062		

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K 062	Continued From page 5 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: 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. Observation determined the sprinkler in the Soiled Utility Room was obstructed by two (2) surface mounted light fixtures.	K 062	The area of conflict with the sprinkler head and light fixture will be changed to provide clearance as required. Any replacement of new fixture or replacement of an old one will be monitored by the Director of Maintenance. He will be conducting a walk through monthly to look for any obstruction to the sprinkler systems. This will be monitored by the Director of Maintenance.	6/8/12