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 _____	05/25/2011

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

RECEIVED
JUN 07 2011
Division of Health Facilities
Life Safety

(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). 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 (000) 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. The findings that follow demonstrate noncompliance with these requirements.	K 000		
K 025 SS=D	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	K 025	The door glass that was not in compliance was ordered on 5/25/11 and will be put in place by June 29th 2011. We also conducted a survey of all doors that are in the facility to make sure that none were missed. We found no other doors out of compliance. An article for the employee newsletter will talk about the review of the inspection to alert staff to always be	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert S. Owens — TITLE: Administrator — (X6) DATE: 6/7/11

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 025	Continued From page 1 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 This STANDARD is not met as evidenced by: The facility failed to ensure smoke barriers were constructed to provide at least a one-hour fire resistance rating with windows protected by fire-rated glazing or by wired glass panels in approved frames. 18.3.7.3, 18.3.7.5, 18.1.6.3. Observation determined vision panels in the two (2) cross corridor doors of the smoke barrier adjacent to the pop machines were tempered glass in wood frames.	K 025	looking for any door not with proper glass. In the future any door with windows that would be replaced or added will meet NFPA 101 Life Safety Code Standards. The Administrator and the Director of Maintenance will monitor this. This will be monitored monthly as part of the interdisciplinary meeting by the maintenance department and given as part of the agenda of the meeting and considered as part of the minutes of the meeting.	6/30/11
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: The facility failed to establish a comprehensive written plan for the evacuation of residents in the event of a fire emergency. The administration of health care facilities is to develop and distribute to all supervisory personnel written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All	K 048	The written plan for evacuation of residents now does include calling the fire department. All nurses were informed during the training that occurred on June 1, 2011 to make sure that even though we have the automatic dialer they must call manually in all cases. They also may need to use cell phones for use in failure of ground lines. The maintenance department upon inspection of all fire report forms will monitor this. This will also be included in the orientation of all nurses that would be new hires for the Elm Crest Manor. Although we have not used contract labor as of yet, we would also include this in the instruction to any contract nursing staff and this was visited	

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K 048	Continued From page 2 employees are to be periodically instructed and kept informed with respect to their duties under the plan. Records review determined the written plan for the evacuation of residents did not include calling the fire department.	K 048	with Director of Nurses on 6/3/11. The Director of Nurses and the Administrator will monitor this. This will be monitored monthly as part of the interdisciplinary meeting by the maintenance department and given as part of the agenda of the meeting and considered as part of the minutes of the meeting.	6/13/11
K 062 SS=D	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: 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 one (1) sprinkler in the Activities Storage/Sound Room had paint on the sprinkler deflector and may not operate at the designed temperature.	K 062	I visited with Dallas from NOVA and he told me that the sprinkler will be replaced on June 13th and all other sprinklers will be checked to make sure no other paint would show up on them. This was missed during all inspections by all inspectors. We will include this in questions that will be gone over prior to inspection of sprinklers and at the conclusion of inspections. We will also make note that during any painting that would be done in our building that maintenance would check sprinklers before and after paint jobs and to make sure that they are covered prior to any painting being done here at Elm Crest. This will be monitored by the Director of Maintenance and the Administrator. This will be monitored monthly as part of the interdisciplinary meeting by the maintenance department and given as part of the agenda of the meeting and considered as part of the minutes of the meeting	6/14/11
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: An inspection and servicing of the kitchen fire-extinguishing system and listed exhaust	K 069		

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K 069	Continued From page 3 hoods containing a constant or fire-actuated water system must be made at least every 6 months by properly trained and qualified persons. All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, must be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. The facility failed to ensure the automatic fire suppression system and components for the kitchen commercial cooking appliances were tested and maintained in accordance with the requirements of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2001 edition. Records review determined the automatic gas shut-off for the gas fuel supply to the commercial cooking equipment was not tested during one (1) of the previous two (2) inspections by the service contractor. Records review indicated the gas shut-off valve was not tested during the February 17, 2011 service.	K 069	We were able to make contact with our service provider on 6/6/2011. He stated that he had examined the gas valve. I told him that he had not checked it in his report. He will be over for a re-inspection on 6/20/2011. I have visited with the Director of Maintenance and he will make sure that all categories of the two inspections for the year are complete. The Director of Maintenance with the Administrator will also review each report with the service provider. All inspections that are being done by an outside provider to Elm Crest will be reviewed upon completion with the Director of Maintenance and the Administrator. If they are not available they will be reached by cell phone. The Director of Maintenance and the Administrator will monitor monthly as part of the interdisciplinary meeting by the maintenance department and given as part of the agenda of the meeting and considered as part of the minutes of the meeting.	6/21/11
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure temporary wiring was not used as a substitute for permanent wiring. Multiplug adapters, extension cords, cube adapters, and other devices used as a substitute for permanent wiring shall not be used. When	K 147	The power strip that was used in the staff dinning room was removed. The local electrician was called to have a power strip installed providing more outlets to the area. This will be completed by the 29th of June. The power strip in the office was removed the day of the inspection.	

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K 147	Continued From page 4 electrical hazards are identified, measures to abate such conditions must be taken. NFPA 70, section 6-1.5. Observation determined: 1) A power strip was in use to provide electricity to two (2) microwave ovens in the Staff Dining Room. 2) Two (2) power strips were interconnected to provide electricity to various items in the Administrative Assistant's Office.	K 147	The Director of Maintenance has completed a walk through of the entire building identifying any other cords that may have been out of place. An article for the employee newsletter has been written by the Director and the Administrator telling staff about the use of power strips and what can be used and how they are to be used. At the orientation of new employees they will be instructed on the proper use of power strips and will be reviewed yearly in our education day presentation. This will be monitored monthly as part of the interdisciplinary meeting by the maintenance department and given as part of the agenda of the meeting and considered as part of the minutes of the meeting	6/21/11