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 _____	**05/02/2016**

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. Occupancy separation walls having a two-hour fire resistance rating were constructed between the assisted living unit and the health care occupancy.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames.	K 025		5/11/16

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

Electronically Signed | 05/13/2016

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K 025	Continued From page 1 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than one-half hour. 19.3.7.3 The facility failed to ensure smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined there was a 4" x 4" opening in the Spruce Wing smoke barrier above the cross-corridor smoke barrier doors. Failure to maintain smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected two (2) of seven (7) smoke compartments in the facility.	K 025	1. On 5/11/16 the 4x4 opening was enclosed with sheetrock and fire rated caulking. 2. Facility maintenance checked all other cross-corridor smoke barrier doors for any openings and there were none. 3. If any maintenance needs to be done on the cross-corridor smoke barrier doors in the future the facility will ensure that the opening is closed within 24 hours of work being completed. 4. Maintenance Department will let Director of Maintenance or Administrator know when work needs to be done as well as when the job is complete to assure that any openings are closed within 24 hours.	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1. This STANDARD is not met as evidenced by: Level 1 or Level 2 EPS equipment locations shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. 19.2.9.1, 7.9.2.3, NFPA 110 5-3.1 Observation determined the emergency power transfer switch location in the Electrical Room was not provided with battery powered emergency lighting as required. Failure to provide emergency lighting as required increases the risk of death or injury due to fire.	K 046	1. On 5/10/2016 a 90 minute rated emergency light was installed in the mechanical room by the generator panel. 2. This is the only area in the building to check the generator panel. No other areas are affected by this. 3. The emergency light will be tested monthly for 30 seconds and 1 time a year for 90 minutes. This will be completed by the Maintenance Director or Maintenance Staff. 4. Facility will use a monitor sheet to assure compliance is done in a timely	5/10/16

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K 046	Continued From page 2 The deficiency affected one (1) of two (2) emergency power transfer switch locations.	K 046	manner. See Attachment 0046-A.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1, 9.6.1.4, NFPA 72 7-3.2 The facility failed to test and maintain the fire alarm system as required by NFPA 72, National Fire Alarm Code. Review of fire alarm system test records indicated the annual test of the fire alarm system was not performed as required. The most current fire alarm system annual test was conducted on 10/01/2015 and the previous test was conducted on 09/24/2014, exceeding the required annual testing requirement. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 052	1. The facility will ensure that annual testing on the fire alarm panel will be completed within a year of previous test. 2. There is only one fire panel in the facility to monitor. 3. Maintenance Director or Administrator will contact AVI to test the fire panel one month prior to year date. 4. Facility will monitor dates of yearly fire panel test and document when AVI was contacted to ensure timeliness of testing. See attachment 0052-A	5/13/16
K 054	NFPA 101 LIFE SAFETY CODE STANDARD	K 054		6/15/16

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K 054 SS=F	Continued From page 3 All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: 1) Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. 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. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. 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 in the Willow Soiled Utility Room and Willow Clean Utility Room were replaced on 09/24/2014 and there were no records available to show	K 054	1.Facility smoke detectors sensitivities were maintained on the 10-1-15 inspection. Please see attachment 0054-A. Facility will replace all smoke detectors and a licensed electrician will be relocating 72 smoke detector placements that are within 3 feet of an air vent. 2. All smoke detector sensitivities will continue to be inspected every year per regulations. Facility walkthrough was completed on 5/10/16 by the Maintenance Director and Administrator to check every smoke detector distance from an air vent. 72 smoke detectors were found to be out of compliance. 3. Facility will ensure that when sensitivity testing is completed each year that documentation states sensitivities were checked is completed prior to signing off on inspection form. Licensed electrician will relocate all 72 of the smoke detectors out of compliance and then all smoke detectors will be in compliance. 4. Maintenance Director or Maintenance staff will sign off on inspection form after making sure all appropriate documentation is in place. Maintenance Director or Maintenance Staff will walkthrough to recheck all 72 smoke detectors after relocated by electrician to make sure distance is in compliance.	

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K 054	Continued From page 4 sensitivity testing had been completed during the first year of service. 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 two (2) of numerous smoke detectors in the facility. 2) Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined that smoke detectors located throughout the facility were installed within three feet of air supply diffusers or return air openings. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected forty four (44) of numerous smoke detectors in the facility.	K 054		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by:	K 144		5/11/16

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K 144	Continued From page 5 Exhaust system installation shall be gastight to prevent exhaust gas fumes from entering inhabited rooms or buildings and shall terminate in such a manner that toxic fumes cannot reenter a building or structure, particularly through windows, air ventilation inlets, or the engine air-intake system. NFPA 110 5-10.2 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Review of generator test records and interview with the Maintenance Director indicated that during the 01/25/2016 generator test exhaust fumes were entering the building through an air exchanger when the wind was from the east. Failure to install the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144	1. on 5/11/16 a 5 foot extension for generator exhaust was placed per recommendation of the generator manufacturer. 2. This is the only generator for the facility. 3. During weekly generator testing the Maintenance Director or Maintenance staff will also monitor if exhaust is entering the building through the air vents. 4. Maintenance Director or Maintenance Staff will monitor then on paper each weekly test whether exhaust is being vented into the building or not. See attachment 0144-A	