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	06/17/2013

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

RECEIVED
JUL - 5 2013
DIVISION OF LIFE SAFETY AND CONSTRUCTION

(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 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 Resident Room door in Spruce 14 was fixed on June 26, 2013. The Door was adjusted and the back latch on the door was fixed.** **This door now latches appropriately when it closes.** **All doors in the facility which lead into the Resident Rooms will be checked**	

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

Administrator 7-2-13

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 ays 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 corridor doors were equipped with automatic latching hardware suitable for keeping the door closed and resistant to the passage of smoke. Observation determined the corridor door to Resident Room 14 in the Spruce Wing did not latch into the frame.	K 018	**and adjusted to ensure that all the doors latch appropriately when they are closed.** **All Resident Room doors will be checked monthly to ensure that all the doors latch appropriately when they are closed. This will be tracked on a monthly log. Please see attachment A.** **The Monthly schedule will be performed by the Maintenance Department, monitored by the Director of the Maintenance Department, and reported to the Quality Assurance Committee on a Quarterly basis.**	**6/26/2013**
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 latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027	**On June 26, 2013 the smoke barrier double doors in the Oak Wing and Cedar Wing were fixed by placing attachments to the doors to close the gap between the doors when they closed. Both barrier double doors now close with no gaps.** **All smoke barrier double doors in the building will be checked and adjusted to ensure that all the doors close properly with no gaps in between the doors.**	

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K 027	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure doors located in smoke barrier walls resisted the passage of smoke. Two (2) of three (3) smoke barriers had double doors in the exit corridor that did not resist the passage of smoke. Observation determined the set of double doors in the Oak Wing and Cedar Wing smoke barriers had approximately a one inch gap between the doors.	K 027	**All smoke barrier double doors in the building will be checked monthly to ensure that there are no gaps between the doors when they are closed. This will be tracked on a monthly log. Please see attachment B.** **The monthly schedule will be performed by the Maintenance Department, monitored by the Director of the Maintenance Department, and reported to the Quality Assurance Committee on a Quarterly basis.**	**6/26/2013**
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 electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined there were two (2) power strips being used in place of permanent wiring in the Nutrition Center. Sixteen (16) two-way radio chargers were plugged into the power strips.	K 147	**On June 24, 2013 we had an electrician come to Elm Crest Manor and place a permanent plug strip on the wall in the Nutrition Center where the Nurse and CNA two way radio chargers are. All of the power strips were removed from the area and all of the chargers are now plugged into the permanent plug strip.** **All work station areas and resident living areas will be checked for any power strips being used. If any strips are found to be used then they will be assessed for the proper use.** **All work station areas and resident living areas will be checked monthly to ensure that if any power strips are being used that they are being used properly (for example i.e. entertainment purposes such as a TV). Please see attachment C.**	

Continuation of K147:

The monthly schedule will be performed by the Housekeeping Department, monitored by the Director of the Housekeeping Department, and reported to the Quality Assurance Committee on a Quarterly basis.

6/24/2013