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 _____	**08/07/2018**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The 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 NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the west and southwest of 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 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.	K 211		8/24/18

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

Electronically Signed | 08/23/2018

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K 211	Continued From page 1 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: 1) Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 Informational signs shall be permitted to be installed on the surfaces of fire doors. The total area of all attached signs shall not exceed 5 percent of the area of the face of the fire door to which they are attached. Signs shall be attached to fire doors by use of an adhesive. Mechanical attachments such as screws or nails shall not be permitted. When holes are left in a door or frame due to changes or removal of hardware or plant-ons, the holes shall be repaired by the following methods: (1) Install steel fasteners that completely fill the holes. (2) Fill the screw or bolt holes with the same material as the door or frame. NFPA 80 4.14, 4.1.4.1, 4.1.4.2.1, 4.1.4.2.2, 5.2.15.4	K 211	1. On August 15, 2018 The white board and the mirror were removed from the doors. Maintenance Staff have walked through the building to create a list of all fire rated doors. All Fire Rated door assemblies have been inspected. on August 8, 2018 new fixed heater units were ordered. H.A. Thompson is scheduled to be here on August 28, 2018 to install the heaters on Spruce and Cedar. 2. There is another heater on Spruce that was not cited but we will be replacing with a new unit heater as well when the others are replaced. Maintenance Staff have been educated that nothing can be mounted or hanging on a fire rated door. 3. Administrator will do a walk through PRN of the maintenance shop to ensure nothing has been mounted onto the doors. This will fix all of the older wall heating units. 4. Inspection of fire rated door assemblies will be completed annually as per regulation by maintenance staff, so will be completed again in August of 2019.	

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K 211	Continued From page 2 The facility failed to inspect, test and maintain fire rated door assemblies throughout the facility. a) Review of documentation and interview with staff determined not all fire rated door assemblies had been inspected in the past year. b) Observation determined: 1) The west leaf of south fire-rated double corridor doors to the Garage had a white board installed on the room side of the door. 2) The south leaf of east fire-rated double corridor doors to the Garage had a mirror installed on the room side of the door. Failure to inspect, test and maintain fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected numerous fire rated door assemblies throughout the facility. 2) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 The facility failed to maintain the exit corridors to be free of obstructions. Observation determined: a) A fixed heater that was located in the corridor	K 211		

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K 211	Continued From page 3 by Cedar Room 1 extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. b) A fixed heater that was located in the corridor by Cedar Room 4 extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. c) A fixed heater that was located in the corridor by Spruce Room 1 extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of seven (7) smoke compartments in the facility.	K 211		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11.	K 271	1. Emergency EXIT sign was removed on August 9, 2018. 2. Examination done on all other exits marked as Emergency EXIT to make sure	8/9/18

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K 271	Continued From page 4 Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 19.2.1, 19.2.7, 7.7.1 The facility failed to provide all occupants with safe access to a public way. Observation determined the west exterior exit discharge from the Sun Room to the enclosed court yard required travel back through the building to get to a public way. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous paths of egress from the facility.	K 271	none required going back through the building to get to a public way. 3. If an exit door is created in the future we will make sure it does not require going back through the building to get to a public way. 4. No plans for additional future exits at this time.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of	K 321		8/17/18

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K 321	Continued From page 5 hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and latching doors. Observation determined: 1) The south double corridor doors to the Garage failed to self-close and latch. 2) The east double corridor doors to the Garage failed to self-close and latch.	K 321	1. The South and East Double Corridor doors to the Mechanical Shop were fixed to ensure they self-close and latch properly on August 17, 2018. 2. These doors will become apart of the required annual inspection of fire rated door assemblies that will be done annually. When this is done annually all door mechanics will be checked to make sure they latch and self-close properly. 3. Annual inspection will be done and if problems arise between inspections will fix immediately. 4. Maintenance Staff will be doing the annual fire rated door assemblies inspection.	

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K 321	Continued From page 6 Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT 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 System defects and malfunctions shall be corrected. NFPA 72 14.2.1.2.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. Observation determined the fire alarm panel was indicating a trouble condition for the notification appliance circuit (NAC) panel by the Nurses Station that had failed and had not been repaired	K 345	1. AVI was immediately called to fix fire panel and this was completed on August 10, 2018. 2. This is the only fire panel for the facility. 3. When an alarm indicating fire panel trouble alerts AVI will be notified immediately by the Maintenance Staff or Administrator. 4. Maintenance will inform the Administrator immediately of any fire panel issues to ensure AVI was promptly notified and come in a timely manner.	8/10/18

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K 345	Continued From page 7 or replaced at the time of the survey. Failure to maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous components of the complete fire alarm system, which serves the entire building.	K 345		
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined numerous smoke detectors throughout the facility were installed within 36 in. of an air supply diffuser or return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due	K 347	1. Electrician started relocating effected smoke detectors on August 22, 2018. 2. Maintenance staff did a walkthrough of the building to measure all smoke detectors distance from vents. All found to be within 36 inches will be relocated by the electrician. 3. After electrician confirms he has completed the relocation of all smoke detectors marked the maintenance staff and/or administrator will do another walk through of the building to verify all was done properly and no smoke detectors were missed. 4. In the future any smoke detectors being placed in the building will follow the guidelines not to be within 36 inches of a vent.	9/20/18

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K 347	Continued From page 8 to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the	K 351	1. The unit heater in the old basement was completely disconnected on August 8, 2018 as it is never used. On August 20, 2018 NOVA was here to replace the deficient sprinkler in the Mechanical Mezzanine to a high temperature rated sprinkler. 2. NOVA did a walk through again of the	8/20/18

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K 351	Continued From page 9 building. Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined: 1) One (1) sprinkler in the Old Basement installed within 7 ft. of unit heaters was not high-temperature-rated. 2) One (1) sprinkler in the Mechanical Mezzanine installed within 7 ft. of unit heaters was not high-temperature-rated. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected two (2) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	building to ensure no other sprinkler heads were missed during the initial replacing. 3. Any sprinklers being installed in the future will be properly installed per regulations by NOVA. 4. Maintenance staff confirmed after sprinkler head was replaced that it was indeed done to regulations.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire	K 353		9/20/18

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K 353	Continued From page 10 Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and observation determined: 1) There was a missing ceiling tile in the Medication Room that could delay the activation of the sprinkler system.	K 353	1. Ceiling tile in the mediation room was replaced on August 22, 2018. NOVA will be here on August 30, 2018 to measure the piping to then order the hydraulic nameplate to be attached to the original branch of the automatic sprinkler system. 2. Maintenance staff did a walkthrough of the building to inspect any areas of the ceiling that were missing tile. None were found to be missing. This will be the only hydraulic nameplate needing to be ordered. 3. Maintenance staff will replace any broke or in poor repair ceiling tile as soon as possible. More ceiling tile has been ordered to assure that plenty is on hand to replace immediately. 4. Administrator will be PRN walkthroughs of building with ceiling tile to assure that all is in place and in good condition. Maintenance Staff will verify with NOVA after they confirm proper hydraulic	

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K 353	Continued From page 11 2) There was no hydraulic nameplate attached to the original branch of the automatic sprinkler system. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	nameplate has been attached.	
K 372 SS=E	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Smoke barriers shall be constructed in accordance with Section 8.5 and shall have a minimum one-half hour fire resistance rating. 19.3.7.3 The facility failed to ensure smoke barriers were at least one-half hour fire resistant and smoke resistant.	K 372	1. on August 10, 2018 Maintenance staff sealed any penetrations in the cross corridor smoke barriers in the Spruce and Cedar Units. The opening in the gypsum board above the smoke barrier door to the staff locker room was repaired on August 23, 2018. 2. Maintenance staff are working on	9/20/18

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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 372	Continued From page 12 Observation determined: 1) The Spruce Wing smoke barrier had numerous unsealed data cable penetrations through the wall above the cross-corridor smoke barrier doors. 2) The Cedar Wing smoke barrier had numerous unsealed data cable penetrations through the wall above the cross-corridor smoke barrier doors. 3) The south side of the center smoke barrier had an 12" x 30" opening in the gypsum board above the smoke barrier door from the Staff Lounge to the Receiving Room. Failure to maintain smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected four (4) of seven (7) smoke compartments in the building.	K 372	inspecting the other units in the building for any unsealed penetrations through the wall above the cross corridor smoke barriers and will seal immediately if any are to be found. Maintenance staff were educated that if any repairs are needed to be made such as the door to the staff locker room that those repairs must be fixed completely immediately. 3. Administrator has visited with the various companies that would have made the cable penetrations in the wall above the cross corridor smoke barriers informing them that any work their employees would do in the future at Elm Crest Manor must be sealed up properly before they leave. 4. After work is being completed by other companies maintenance staff will do a check in the walls to assure no penetrations were left unsealed.	