STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. BUILDING **01** B. WING _____	**11/08/2022**

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
E 000	Initial Comments A recertification survey conducted on 11/08/2022 found Elm Crest Manor in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
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 Sunroom 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 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345		12/23/22

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

Electronically Signed | 11/15/2022

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 345	Continued From page 1 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 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 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. 1) Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 02/02/2022 by an outside company indicated the smoke detectors in Rooms 6, 7, 8, 9, and 10 were not tested in the past year. 2) Observation and staff interview determined the	K 345	1.) Outside company contacted at time of indication of trouble on panel, required part - photo duct detector has been ordered. As soon as part is received by company they will come to facility to install, at that time they will also check smoke detectors not checked on 2/2/22 due to limited access to area as space was active COVID positive rooms at that time. 2.) Infection control area has been identified and is limited to area indicated in report. 3.) If future tests are conducted during times that areas have restricted access due to infection control precautions an additional future date will be scheduled at that time. 4.) Maintenance will continue to routinely monitor panel and contact outside provider for service or repair if necessary. 5.) Inspection of smoke detectors will be completed annually as per regulation by	

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K 345	Continued From page 2 fire alarm panel was indicating a trouble condition for the duct detector in the Northwest Wing Air Handling Unit that had failed and had not been repaired or replaced at the time of the survey. Maintenance staff indicated an outside company had a replacement photo duct detector ordered and would install it as soon as it arrives. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected nine (9) of numerous initiating devices in the facility. The fire alarm system serves the entire facility.	K 345	outside company with routine check to be completed February 2023 and units that were not checked in February 2022 to be completed as soon as outside company receives required photo duct detector and comes to facility to install. Outside company has been made aware of request for service to be completed ASAP and of 45 day timeline of December 23rd, their response/service is dependent on receipt of part which has been ordered.	