

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2018  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355081</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - ROLETTE COMMUNITY CARE<br/>CENTER</b><br>B. WING _____ |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/22/2018</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROLETTE COMMUNITY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>804 STATE STREET<br/>ROLETTE, ND 58366</b>                   |                                                                                                                          |                                                        |                            |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |  | ID<br>PREFIX<br>TAG                                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                        | (X5)<br>COMPLETION<br>DATE |
| K 000                                                                    | INITIAL COMMENTS<br><br>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.<br><br>The facility was located in a one-story building of Type V (111) construction that was protected with a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  | K 000                                                                                                    |                                                                                                                          |                                                        |                            |
| K 918<br>SS=F                                                            | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.<br>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in |                                                                            |  | K 918                                                                                                    |                                                                                                                          |                                                        | 7/6/18                     |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/31/2018

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROLETTE COMMUNITY CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>804 STATE STREET<br/>ROLETTE, ND 58366</b>                   |  |                                                        |  |
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| K 918                                                                    | <p>Continued From page 1</p> <p>accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating.</p> <p>Diesel-powered EPS installations that do not</p> | K 918                                                                      | <p>1. The facility has contacted a qualified generator company and made arrangements to have the generator load tested, so we can be in compliance with life safety requirements.</p> <p>2. By load testing the generator, we will ensure that it maintains the minimal exhaust temperature to be met per manufactures recommendations, the facility will ensure compliance facility wide.</p> <p>3. The facility will ensure that the load test will be done annually per manufacture recommendations.</p> <p>4. Maintenance will report completion to the QAPI committee.</p> |                                                                                                          |  |                                                        |  |

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| K 918                                                                    | <p>Continued From page 2</p> <p>meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3</p> <p>The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110.</p> <p>Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the Kohler diesel generator loaded the generator to at least 30 percent (135 kW) of the nameplate rating. The nameplate rating of the generator was 450 kW.</p> <p>The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30 percent of nameplate rating or manufacturer's recommended temperature is achieved during the required monthly exercises.</p> <p>Failure to inspect and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire.</p> <p>The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.</p> | K 918                                                                      |                                                                                                                          |  |                                                        |

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