North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8033	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	03/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEACH HOME	714 N 4TH ST WAHPETON, ND 58075

(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) COMPLETE DATE
K 000	INITIAL COMMENTS The 2012 edition of NFPA 101, Life Safety Code, Chapter 33-Existing Residential Board and Care Occupancies (Large), was used for this survey in compliance with North Dakota Administrative Code Chapter 33-03-24.2. The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type II (000) construction with no basement. The building had no automatic fire sprinkler system. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 2.525. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 03/02/2021 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 212 Building Construction Type.	K 000	n/a	n/a
K 212	BUILDING CONSTRUCTION Minimum Construction Requirements. Large facilities shall be limited to the building construction types specified in Table 33.3.1.3. (See 8.2.1.) 33.3.1.3 This state licensing rule is not met as evidenced	K 212	n/a	n/a

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K 212	Continued From page 1 by: Buildings of this construction are required to have automatic sprinklers installed throughout. 33.3.1.3, Table 33.3.1.3 The facility failed to ensure the building met the minimum type of construction. Observation determined the structural elements of the building were not protected with a one-hour fire resistance rating or fully sheathed as required for a one-story Residential Board and Care Occupancy. The building was one-story of Type II (000) construction with no automatic fire sprinkler system. Failure to ensure the appropriate type of building construction increases the risk of injury and death by fire. The deficiency affected all areas of the building.	K 212	n/a	n/a
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: This state licensing rule is not met as evidenced by: 1) Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria: 1) Facilities having an impractical evacuation capability. 2) Facilities having a prompt or slow evacuation	K2130		

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K2130	Continued From page 2 capability with more than 25 rooms, unless each room has a direct exit to the outside of the building at the ground level. 33.3.2.9. Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Record review determined, monthly 30-second testing and annual 1½ hour testing of the emergency battery back-up light in the Kitchen was not documented in the last 12 months. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency battery back-up light in the Kitchen.	K2130	1.) Maintenance staff will perform and document functional testing on all emergency lighting systems monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. Maintenance will also perform and document functional testing on all emergency lighting systems annual for a minimum of 1 ½ hours if the emergency lighting system is battery operated. 2.) The facility will create a "Emergency Lighting" binder that keeps track of all emergency lighting systems in the building and enter any new emergency lighting systems that may be installed in the future. 3.) The "Emergency Lighting" binder tracking the required documentation of functional testing on all emergency lighting systems will be initiated and kept in the maintenance department for reference. If any new emergency lighting systems are installed in the facility, it will be added to the binder to prompt maintenance staff to perform functional testing as required. 4.) The administrator will check with the maintenance staff to ensure the functional testing on all emergency lighting systems is being completed. Administrator will also check documentation in the "Emergency Lighting" binder and co-sign every month x 3 months, then quarterly on-going. 5.) Completion Date: 3/3/2021	

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K2130	Continued From page 3 2) Means of egress shall be illuminated in accordance with Section 7.8. 33.3.2.8 Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 43. 7.8.1.1 The facility failed to provide illumination at an exit discharge to a public way. Observation determined there was no exterior lighting outside the 5th Wing Commons Area exit. This deficiency affected one (1) of numerous exits from the facility.	K2130	1.) Exterior lighting to provide illumination near exit door located in Wing 5 of facility will be installed and maintained. 2.) Maintenance staff educated on requirement of necessary illumination by exits with discharge to a public way and will continue to monitor and maintain existing lighting. 3.) Maintenance staff instructed to check exterior lighting providing illumination by exits with discharge to a public way daily and item added to daily checklist for reference to complete. 4.) Administrator to supervise maintenance staff to ensure these daily checks are getting completed. Administrator will check daily checklist and co-sign with maintenance staff if all items were complete every 2 weeks for 3 months, then monthly for 9 months, and quarterly ongoing. 5.) Completion Date: March 8th, 2021	