STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355124	A. BUILDING _____ B. WING _____	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS CARE CENTER/TCU	**125 13TH AVENUE WEST WEST FARGO, ND 58078**

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E 000	Initial Comments A recertification survey conducted on 11/13/2023 found Sheyenne Crossing Care Center/TCU in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

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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 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 two buildings that were separated by a two-hour fire resistive construction barrier. The building that houses the residents and the administration staff was a one-story building of Type V (111) construction. The other building housing the building services and Chapel was a two-story building of Type II (111) construction. A two-story apartment/basic care building was connected to the northwest corner of the two-story building with a two-hour fire resistive occupancy separation. The buildings were equipped with a wet and dry automatic sprinkler system with quick response sprinklers designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
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	K 321		12/28/23

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K 321	Continued From page 1 or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of 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: 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 the east double corridor doors to the Receiving Garage failed to self-close and latch. 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	The east double corridor doors to the receiving garage will be replaced. The doors self-close and latch. All other areas protected by a fire barrier with smoke-resisting partitions and doors do self-close and latch. All fire barrier doors will be audited monthly for six months to ensure they self-close and latch by the Director of Facilities and/or designee. The audits will be submitted to the Quality Assurance Committee for review and to ensure compliance.	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324		12/28/23

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K 324	Continued From page 2 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by	K 324	The hydrostatic pressure tests of the LTC and TCU kitchens wet chemical extinguishing systems has been performed. A plenum nozzle for the TCU kitchen wet chemical extinguishing system has been moved to within six inches of the edge of the hood. No other kitchen wet chemical extinguishing systems are affected.	

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K 324	Continued From page 3 properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. The facility failed to install, test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations and NFPA 17A, Standard for Wet Chemical Extinguishing Systems. The following parts of wet chemical extinguishing systems shall be subjected to a hydrostatic pressure test at intervals not exceeding 12 years: (1) Wet chemical containers (2) Auxiliary pressure containers (3) Hose assemblies NFPA 17A 7.5.1(3) Review of the 06/22/2023 semi-annual tests of the wet chemical extinguishing systems indicated: 1) The hydrostatic pressure tests of the LTC Kitchen wet chemical extinguishing system cartridges were last conducted during 2009 exceeding the 12-year testing requirement. 2) The hydrostatic pressure tests of the TCU Kitchen wet chemical extinguishing system cartridges were last conducted during 2010 exceeding the 12-year testing requirement. 3) A plenum nozzle for the TCU Kitchen wet chemical extinguishing system needed to be	K 324	The hydrostatic pressure tests will continue to be conducted in the LTC and TCU kitchens wet chemical extinguishing every twelve years. The LTC and TCU kitchen wet chemical extinguishing system hydrostatic pressure test documentation will be reviewed at the Quality Assurance Committee meeting to ensure compliance.	

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K 324	Continued From page 4 moved to within 6 inches of the edge of the hood. Failure to install, test and maintain the wet chemical extinguishing system in accordance with NFPA 96 and NFPA 17A increases the risk of injury or death due to fire. This deficiency affected two (2) of two (2) wet chemical extinguishing system in the facility.	K 324		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing 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. 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 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	K 918		12/28/23

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K 918	Continued From page 5 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Record review and interview with staff determined no monthly test of the emergency generator was conducted during October 2023. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	Facility conducted the November monthly test of the emergency generator. No other areas of the facility were affected. Monthly tests of the emergency generator will continue to be conducted by the Director of Facilities and/or designee. The emergency generator monthly test documentation will be submitted to the Quality Assurance Committee for review to ensure compliance for six months.	