

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

PRINTED: 07/21/2017  
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>355024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - MAIN BUILDING</b><br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/01/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MANOR CARE HEALTH SERVICES</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1315 S UNIVERSITY DR<br/>FARGO, ND 58103</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 II (000) construction protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.<br><br>The building was of noncombustible construction except for the canopy (wood framed combustible construction) located at the building main entry. This combustible exterior canopy was isolated from the remainder of the building by a two-hour fire resistance rated masonry wall. | K 000  |  |  |  |
| K 291<br>SS=D   | NFPA 101 Emergency Lighting<br><br>Emergency Lighting<br>Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1<br>This STANDARD is not met as evidenced by:<br>A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. 7.9.3<br><br>The facility failed to ensure emergency lighting of at least 1 1/2-hour duration.   | K 291  | K 291<br>1. New emergency lighting unit was installed to replace the defective unit<br>2. All other emergency lighting units were inspected and determined to be operating correctly<br>3. Monthly inspections and testing will be performed by the Maintenance Director or designee and documented on all emergency lighting units. |  | 3/31/17  |

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

TITLE

(X6) DATE

Electronically Signed

03/15/2017

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 291   | Continued From page 1<br><br>The battery pack emergency light in the Mechanical Room housing the transfer switch failed to illuminate when tested.<br><br>Failure to provide emergency lighting as required increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of multiple battery pack emergency lights in the building.  | K 291  | 4. Maintenance Director or designee will forward monthly testing and inspection reports to QAA committee for review and verification that testing was completed.<br>5. 03-31-2017 | 3/31/17                    |  |
| K 324<br>SS=D   | NFPA 101 Cooking Facilities<br><br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* 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<br>* 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<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>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.<br>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 | K 324  |   |                            |  |

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| K 324   | Continued From page 2<br>This STANDARD is not met as evidenced by:<br>Procedures for the use, inspection, testing and<br>maintenance of the commercial cooking<br>equipment are in accordance with NFPA 96<br>Standard for Ventilation Control and Fire<br>Protection of Commercial Cooking Operations<br>2011 Edition. 19.3.2.5.10.<br><br>Documentation review determined the facility<br>failed to provide current documentation of the<br>inspection, testing and maintenance of the<br>automatic fire extinguishing system installed<br>above the commercial cooking equipment. The<br>most recent record of inspection available during<br>the survey was dated 08/27/2015. Inspection is<br>to be made by properly trained, qualified, and<br>certified person( s) acceptable to the authority<br>having jurisdiction at least every 6 months.<br><br>Failure to inspect and maintain the automatic fire<br>extinguishing system over the commercial<br>cooking equipment in accordance with the<br>requirements of NFPA 96 increases the risk of<br>injury and death.<br><br>This deficiency affected one (1) of six (6) smoke<br>compartments. | K 324  | K324<br>1. Contractor (Nardini) hired to do the<br>Kitchen Hood inspection and testing, and<br>documentation of inspection and testing<br>to meet the State requirement.<br>2. This is the only Kitchen Hood in the<br>facility<br>3. Maintenance Director or designee will<br>coordinate inspection and testing with<br>Contractor at 6 month intervals, review<br>reports on day of inspection and testing<br>for completeness.<br>4. Maintenance Director or designee will<br>forward Kitchen Hood inspection and<br>testing reports to QAA committee for<br>review and verification that service was<br>done and documented correctly<br>5. 03-31-2017 |                            |  |
| K 345<br>SS=F   | NFPA 101 Fire Alarm System - Testing and<br>Maintenance<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in<br>accordance with an approved program complying<br>with the requirements of NFPA 70, National<br>Electric Code, and NFPA 72, National Fire Alarm<br>and Signaling Code. Records of system<br>acceptance, maintenance and testing are readily<br>available.   | K 345  |  | 3/31/17                    |  |

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| K 345   | <p>Continued From page 3<br/>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by:<br/>To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.5.</p> <p>The facility failed to ensure a complete and comprehensive inspection, testing and maintenance program was completed as required for the fire alarm system and all of its components.</p> <p>Fire alarm test records reviewed determined two (2) of two (2) batteries in the main fire alarm panel had an expiration date of 01/01/2017. This was documented in the fire alarm test report from an outside fire alarm contractor in 2015. It was stated in the report that the batteries in the main fire alarm panel were installed in 2013 and would expire on 01/01/2017. A fire alarm report dated 01/27/2017 by the same outside contractor indicated the batteries "passed a test". A visual inspection of the main fire alarm panel found that the two (2) batteries were dated "2013" and had not been replaced.</p> <p>Failure to ensure the fire alarm system is maintained in a reliable operating condition increases the risk of injury and death by fire.</p> <p>This deficiency affected the entire building.</p> | K 345  | <p>K345</p> <ol style="list-style-type: none"> <li>1. Fire Panel back up batteries will be replaced and dated with current date</li> <li>2. All fire panels were inspected for back up batteries and all batteries will be replaced and dated with the current date</li> <li>3. Maintenance Director or designee will monitor fire panels annually to determine if batteries are within date range. Contractor to test batteries annually</li> <li>4. Maintenance Director or designee will provide QAA committee with copy of annual inspection /testing from contractor of fire panels</li> <li>5. 03-31-2017</li> </ol> |                            |  |

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| K 347<br>SS=F   | <p>NFPA 101 Smoke Detection</p> <p>Smoke Detection<br/>2012 EXISTING<br/>Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2<br/>This STANDARD is not met as evidenced by:<br/>Smoke detectors are not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. Smoke detectors should be located farther away from high velocity air supplies. NFPA 72 National Fire Alarm and Signaling Code 2010 edition, 17.7.6.3.2, A.17.7.4.1.</p> <p>The facility failed to ensure smoke detectors were installed in accordance with NFPA 72.</p> <p>Observation determined numerous smoke detectors throughout the facility were located within three (3) feet of a supply air diffuser in the corridor and multiple rooms.</p> <p>Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire.</p> <p>This deficiency affected six (6) of six (6) smoke compartments.</p> | K 347  | <p>K347</p> <ol style="list-style-type: none"> <li>1. Contractor has been hired to relocate the smoke detectors within 3 feet of air return or supply venting</li> <li>2. A room to room survey was done to locate all smoke detectors that are within 3 feet of a supply or return air vent. Contractor was notified of the detectors to be relocated.</li> <li>3. Smoke detectors will be moved by contractor to permanent position greater than 3 feet from a supply or return air vent.</li> <li>4. Maintenance Director or designee will monitor contractor in the relocation of smoke detectors to insure the location is a minimum of 3 feet to all supply or return air vents. Final report documentation will be provided to the QAA committee by the Maintenance Director or designee for review</li> <li>5. 04-15-2017</li> </ol> | 4/15/17                    |  |
| K 353<br>SS=D   | <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing<br/>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 Protection Systems. Records of system design,</p>   | K 353  |  | 4/15/17                    |  |

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| K 353   | <p>Continued From page 5</p> <p>maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br/>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br/>This STANDARD is not met as evidenced by:<br/>Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2)</p> <p>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 building.</p> <p>Observation determined one (1) sprinkler in the walk-in cooler and one (1) sprinkler in the walk-in freezer located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and walk-in cooler were equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be intermediate temperature rated in automatic defrosting walk-in freezers and walk-in coolers.</p> <p>Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire.</p> | K 353  | <p>K353</p> <ol style="list-style-type: none"> <li>1. Replacement of existing pendant sprinklers with intermediate temperature rated sprinklers in auto defrosting walk-in cooler and freezer.</li> <li>2. These are the only two auto defrosting walk-in cooler and freezer in the facility</li> <li>3. Fire system contractor is supplying and installing the correct temperature rated pendant sprinklers.</li> <li>4. Maintenance Director or designee will monitor installation and provide report to QAA committee when installation is complete</li> <li>5. 04-15-2017</li> </ol> |                            |  |

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| K 353   | Continued From page 6  | K 353  |  |                            |  |
| K 712<br>SS=E   | <p>The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.</p> <p>NFPA 101 Fire Drills</p> <p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>This STANDARD is not met as evidenced by:</p> <p>Fire drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.2</p> <p>The facility failed to conduct fire drills as required.</p> <p>Fire drill records review determined:</p> <p>1) The facility failed to conduct a Day Shift fire drill during the second quarter of 2016.</p> <p>2) The facility failed to conduct a Day Shift and a Night Shift fire drill during the third quarter of 2016.</p> | K 712  | <p>K712</p> <ol style="list-style-type: none"> <li>1. Fire drills were held on the shifts with the missing documentation</li> <li>2. This affected all areas of the facility</li> <li>3. The conducting of Fire Drills has been assigned to the Maintenance Director, in the absence of the Director, the Safety Committee will be responsible to conduct and document all drills.</li> <li>4. Whenever the Safety committee conducts and documents a fire drill the documentation will be forwarded to the QAA committee to verify completion</li> <li>5. 03-31-2017</li> </ol> | 4/15/17                    |  |

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| K 712   | Continued From page 7<br>Failure to conduct fire drills as required increases<br>the risk of death or injury due to fire.  | K 712  |  |                            |  |
| K 918<br>SS=D   | The deficiency affected three (3) of twelve (12)<br>drills in the past year.<br><br>NFPA 101 Electrical Systems - Essential Electric<br>Syste<br><br>Electrical Systems - Essential Electric System<br>Maintenance and Testing<br>The generator or other alternate power source<br>and associated equipment is capable of<br>supplying service within 10 seconds. If the<br>10-second criterion is not met during the monthly<br>test, a process shall be provided to annually<br>confirm this capability for the life safety and<br>critical branches. Maintenance and testing of the<br>generator and transfer switches are performed in<br>accordance with NFPA 110.<br>Generator sets are inspected weekly, exercised<br>under load 30 minutes 12 times a year in 20-40<br>day intervals, and exercised once every 36<br>months for 4 continuous hours. Scheduled test<br>under load conditions include a complete<br>simulated cold start and automatic or manual<br>transfer of all EES loads, and are conducted by<br>competent personnel. Maintenance and testing of<br>stored energy power sources (Type 3 EES) are in<br>accordance with NFPA 111. Main and feeder<br>circuit breakers are inspected annually, and a<br>program for periodically exercising the<br>components is established according to<br>manufacturer requirements. Written records of<br>maintenance and testing are maintained and<br>readily available. EES electrical panels and<br>circuits are marked and readily identifiable.<br>Minimizing the possibility of damage of the<br>emergency power source is a design | K 918  |  | 4/15/17                    |  |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - MAIN BUILDING</b><br><br>B. WING _____  |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/01/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MANOR CARE HEALTH SERVICES</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1315 S UNIVERSITY DR<br/>FARGO, ND 58103</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 918   | <p>Continued From page 8<br/>consideration for new installations.<br/>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br/>This STANDARD is not met as evidenced by:<br/>Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load for 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours.</p> <p>The facility failed to ensure the emergency generator was inspected and test in accordance with NFPA 110, Standard for Emergency and Standby Power Systems 2010 edition.</p> <p>Record review determined no documentation was available to indicate the generator was tested between August 05, 2016 and October 09, 2016.</p> <p>Failure to inspect and maintain the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire.</p> <p>The deficiency affected one (1) emergency generator which provides all emergency power to the facility.</p> | K 918  | <p>K918<br/>1. Maintenance Director or designee will inspect generator weekly, exercise under load for 30 minutes monthly and tested under load for 4 continuous hours every 36 months.<br/>2. This affected the 1 generator for the facility<br/>3. The Maintenance Director is assigned the responsibility of doing the inspection and exercising of the generator, in the absence of the Maintenance Director the Environmental Services Supervisor or designee will perform and document the weekly and monthly inspection and testing.<br/>4. Whenever the Environmental Service Supervisor or designee performs and documents the weekly or monthly inspection and testing, the documentation will be forwarded to the QAA committee for verification of completion<br/>5. 04-15-2017</p> |                            |  |