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

PRINTED: 06/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	435062		06/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALCESTER CARE AND REHAB CENTER, INC	101 CHURCH STREET ALCESTER, SD 57001

(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
K 000	INITIAL COMMENTS Stories: 1 Construction: Type V (000) Constructed: 1962 K0180: Fully Sprinkled Certified Beds: 50 Capacity: 61 Census: 46	K 000	The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to:	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect hazardous areas as required. Findings include: On 6/2/16, the following storage rooms were found to have doors that were not self-closing. Storage rooms that exceed 50 sf in size and contain combustible materials are considered hazardous areas. Doors to hazardous areas are required to be self-closing. · Activities storage area, 16ft x 32ft, basement · Storage room near room 140, 8ft x 16ft On 6/2/16, the following hazardous areas were	K 029	The activities storage area, storage room near room 140, soiled utility rooms near room 133 and room 141 will have doors that self-close. All other storage rooms that exceed 50 square feet in size and contain combustible materials were inspected to ensure the doors self-close. Environmental Services Director or designee will audit all storage rooms that exceed 50 square feet for self-closing doors once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 6/20/2016

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 029	Continued From page 1 found to have doors that were not self-closing. Doors to hazardous areas are required to be self-closing. · Soiled Utility near room 133 · Soiled Utility near room 141 The Maintenance Supervisor was present when the deficiency was identified. Failure to protect hazardous areas as required increases the risk of death or injury due to fire. The deficiency affected two of three smoke compartments. Ref: 2000 NFPA 101 Section 19.3.2.1	K 029		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress as required. Findings include: On 6/2/16, the releasing mechanism for locks and latches were not located as required. Releasing mechanisms for locks and latches on doors are required to be located between 32 and 48 above the floor. · Generator corridor access door- slide bolt mounted at 65 inches Ref: 2000 NFPA 101 Section 19.2.1, 7.2.1.5.4	K 038	The generator corridor access door slide bolt has been removed from operation. West hall exit with keyed in direction of egress was discovered to lock and unlock entrance of building only. Whirlpool door with the padlocked gate was removed from operation and will be replaced with a single locking mechanism on the egress side. All other egress doors were inspected to ensure locks and latches are located between 32 and 48 inches above the floor. All other egress doors were inspected to ensure there is no lock or latch that requires a key, a tool, or special knowledge or effort for operation from the egress side. Environmental Services Director or designee will audit all egress locks or latches to	7/10/2016

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K 038	Continued From page 2 On 6/2/16, the following doors were found be equipped with locks in the direction of egress. Doors in the means of egress are not permitted to be equipped with a lock or latch that requires the use of a key, a tool, or special knowledge or effort for operation from the egress side. · West hall exit to grade- keyed in direction of egress Ref: 2000 NFPA 101 Section 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4 On 6/2/16, the exit discharge from doors marked as exits at the following locations were not free from all obstructions and impediments to full instant use in case of fire or other emergency as required. · Whirlpool door/ room 9, padlocked gate Ref: 2000 NFPA 101 Section 19.2.1, 7.7.4; Ref: 2000 NFPA 101 Section 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4 On 6/2/16, the following delayed egress doors did not have the required sign stating " PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. " · Time clock exit door Ref: 2000 NFPA 101 Section 19.2.2.2.1, 7.2.1.6.1(d) The Maintenance Supervisor was present when the deficiency was identified. Failure to maintain the means of egress as required increases the risk of death or injury due to fire.	K 038	ensure they are located at the proper height range and operational without the use of any key, a tool, or special knowledge or effort once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	

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K 038	Continued From page 3 The deficiency affected five of seven exits.	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide emergency lighting as required. Findings include: On 6/2/16, records for testing of battery powered light were not available. A battery powered light was required in the building housing the diesel generator providing power of emergency lights. Records are required to be maintained for the monthly 30 second test and the annual 90 minute test for inspection of the authority having jurisdiction. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.3 On 6/2/16, the required battery powered lights at the generator providing power for emergency lighting did not operate as required. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 4.6.12.1; 1999 NFPA 110 Section 5-3.1 The Maintenance Supervisor was present when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected one of numerous	K 046	The battery powered light in the generator room was serviced and operate as required. Maintenance Services Director will include the 30 second test and the annual 90 minute test for inspection on the preventative maintenance checklist. All other battery powered lights were inspected for operation. Environmental Services Director or designee will audit all battery powered lights to determine effectiveness of the units once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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K 046	Continued From page 4 requirement for the emergency lighting system.	K 046		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect the facility with an automatic sprinkler system as required. Findings include: On 6/2/16 exterior roofs of combustible construction exceeding four (4) feet in width were not protected with automatic fire sprinklers as required at the following locations: · Main entrance, 6ft width x 40 ft length The Maintenance Supervisor was present when the deficiency was identified. Failure toprotect the facility with automatic fire sprinklers as required increases the risk of death or injury due to fire. The deficiency affected one of numerous areas requiring sprinkler protection.	K 056	The exterior roof on the main entrance will have an automatic fire sprinkler system. All other exterior roofs of combustible construction exceeding four feet in width were inspected for the appropriateness of automatic fire sprinklers. Environmental Services Director or designee will audit all exterior roofs of combustible construction exceeding four feet in width for the appropriateness of automatic fire sprinklers once per month for three months. Environmental Services Director or designee, will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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K 056	Continued From page 5 Ref: 2000 NFPA 101 Section 19.1.6.2, 19.3.5.1, 9.7; 1999 NFPA 13 Section 5-13.8.1	K 056		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress to be free of all impediments to full instant use as required. Findings include: On 6/2/16, the exit discharge from doors marked as exits at the following locations were not free from all obstructions and impediments to full instant use in case of fire or other emergency. Exit discharge was through lawn. This does not meet means of egress requirements for full and instant use where snow is expected. Hard smooth maintainable surface needed. · East corridor/ room 21 · basement The Maintenance Supervisor was present when the deficiency was identified. Failure to maintain the means of egress free of impediments increases the risk of death or injury due to fire. The deficiency affected two of seven exit discharges.	K 072	A hard and smooth maintainable surface will be constructed on at the east corridor and connect to the existing sidewalk leading out the courtyard. The south basement exit will head west and connect to the paved street. Bids for construction have been approved for both projects. All other exit discharge from doors have been inspected for hard and smooth maintainable surfaces to ensure instant use and free from all obstructions and impediments Environmental Services Director or designee will audit all exit discharges from obstructions and impediments once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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K 072	Continued From page 6 Ref: 2000 NFPA 101 Section Ref: 2000 NFPA 101 Section 19.2.1, 7.1.10.1	K 072		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect medical gas storage as required. Findings include: On 6/2/16, combustible materials were found to be adjacent to and within 5 feet of oxygen cylinders in a storage area protected with automatic fire sprinklers at the following locations. The minimum 5 feet of separation between combustibles and oxygen storage was not maintained as required in this area protected with automatic fire sprinklers. · Storage room- oxygen concentrators, carpet The Maintenance Supervisor was present when the deficiency was identified. Failure to protect medical gas storage as required increases the risk of death or injury due to fire. The deficiency affected the basement of a one	K 076	The oxygen storage room carpet and other combustible materials located within five feet of the oxygen cylinders will be removed. The floor will be visually marked indicating the five feet of clearance required. All other oxygen storage rooms with combustible materials will be removed to satisfy the five feet clearance needed. The storage area floor will be visually marked indicating the five feet of clearance required. Environmental Services Director or designee will audit all combustible materials within five feet of oxygen cylinders in a storage area once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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K 076	Continued From page 7 story building. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 Section 16-3.8.1, 8-3.1.11.2(c)2	K 076		
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage areas shall have a precautionary sign, readable from a distance of 5 ft, that is conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION, OXIDIZING GAS(ES) STORED WITHIN, NO SMOKING. 18.3.2.4, 19.3.2.4, 8-3.1.11.3 (NFPA 99) This STANDARD is not met as evidenced by: K141 Based on observation and interview, the facility failed to provide precautionary signs at oxygen storage locations as required. Findings include: On 6/2/16, the oxygen storage locations did not have precautionary sign, readable from a distance of 5ft, conspicuously displayed on door or gate of the storage room or enclosure with the following wording as a minimum, " CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING. " The Maintenance Supervisor was present when the deficiency was identified. Failure to provide precautionary signs at oxygen storage increases the risk of death or injury due to fire.	K 141	The oxygen storage area will have a precautionary sign, readable from a distance of 5 feet, conspicuously displayed on the door explaining, "CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." All other oxygen storage areas will have the precautionary sign. Environmental Services Director or designee will audit the visibility and appropriateness of the sign once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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K 141	Continued From page 8 The deficiency affected the basement of a one story building. Ref: 2000 NFPA 101 Section 19.3.2.4; 1999 NFPA 99 Section 16-3.8.1, 8-3.1.11.3	K 141		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2. (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install electrical conductors and equipment as required. Findings include: On 6/2/16, electrical panels at the following locations did not maintain the required working spaces in front of electrical panels clear of storage as required. · Air handler room, basement, 3 ft required, 0-150 V to ground The Maintenance Supervisor was present when the deficiency was identified. Failure to install electrical conductors and equipment as required increases the risk of death or injury due to fire. The deficiency affected the basement of a one story building. Ref: 2000 NFPA 101 Section 19.5.1, 9.1.2; 1999 NFPA 70 Article 110-26	K 147	The electrical panel located in the basement had all obstructions removed within three feet of the working area. The floor will be visually marked indicating the three feet of clearance required. All other electrical panels will have the required working space of three feet maintained. Environmental Services Director or designee will audit the required working space of three feet for electrical panels once per month for three months. Environmental Services Director or designee will report the results of the audits at the monthly QAPI meetings for review.	7/10/2016

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