

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

Printed: 02/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261
--	---

(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	<p>INITIAL COMMENTS</p> <p>42 CFR 483.90(a)</p> <p>K3 BUILDING: 0101</p> <p>K6 PLAN APPROVAL: 1955</p> <p>K7 SURVEY UNDER: 2012 Existing</p> <p>K8 SNF/NF</p> <p>Type of Structure:</p> <p>A one (1) story, 1955, Type V (111), protected combustible wood frame construction. The building has complete coverage by an automatic (wet) sprinkler system and a total of five (5) smoke compartments.</p> <p>A Comparative Federal Monitoring Survey was conducted on 2/9/24, following a State Agency Annual Survey on 1/4/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Strand-Kjorsvig Community Rest Home was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).</p>	K 000	<p style="text-align: center; color: red;">Reviewed by Erik Wilhelm Ascellon Corporation 3/5/24 Acceptable</p>	
K 293 SS=E	<p>Exit Signage</p> <p>CFR(s): NFPA 101</p> <p>Exit Signage</p> <p>2012 EXISTING</p> <p>Exit and directional signs are displayed in</p>	K 293		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Samuel Van Voorst	TITLE Administrator	(X6) DATE 2/29/24
---	-------------------------------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 293	<p>Continued From page 1</p> <p>accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain illumination of exit signage and failed to install required exit and directional signage. The deficient practice affected two (2) of five (5) smoke compartments, staff, and 20 residents. The facility had the capacity for 35 beds with a census of 27 on the day of survey.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation during the building inspection tour, on 2/9/24, at 11:37 a.m., revealed the exit sign located above the exit doors leading from the small atrium area to the exterior of the building, serving as an exit from the Southeast exit, was not illuminated as required by section 7.10.5.2.1 of NFPA 101, Life Safety Code. 2. Observation during the building inspection tour, on 2/9/24, at 11:37 a.m., of the path of egress from the double doors leading from the main dining room to the enclosed courtyard revealed the doors were not equipped with signage indicating there was not an exit. The double doors with large glass panels looking out to the courtyard could easily be confused as an exit. The doors were not equipped with the required signage stating "No Exit" in accordance 	K 293	<p>K 293</p> <p>Ensure all exit signs properly illuminated and placed for correct identification of exit or non exits</p> <p>Will audit exit signs for proper operation and placement weekly for four weeks and monthly for two additional months. At end of three months QAPI team will determine whether audit to continue or not</p> <p>Findings will be reported at monthly QAPI meetings</p>	3/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 293	<p>Continued From page 2</p> <p>with section 7.10.8.3 of NFPA 101, Life Safety Code.</p> <p>An interview with the Maintenance Supervisor, on 2/9/24, at 11:49 a.m., revealed the facility was not aware of the requirement to equip doors that could easily confused as an exit with signage stating, "No Exit." Additional interview with the Maintenance Supervisor revealed the doors were not at exit on the facility fire evacuation plan, and did not serve as an exit due to the sidewalk in the courtyard terminating short of a gate in the courtyard and not continuing to the public way.</p> <p>The census of 27 was verified by the Director of Nursing (DON) on 2/9/24, at 10:55 a.m. The findings were acknowledged by the DON and verified by the Maintenance Supervisor during the exit interview on 2/9/24, at 3:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012)</p> <p>19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.2, 19.2.10.3, or 19.2.10.4.</p> <p>7.10.5 Illumination of Signs.</p> <p>7.10.5.1* General. Every sign required by 7.10.1.2, 7.10.1.5, or 7.10.8.1, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode.</p> <p>7.10.5.2* Continuous Illumination.</p> <p>7.10.5.2.1 Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of Section 7.8, unless otherwise provided in 7.10.5.2.2.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety</p>	K 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 293	Continued From page 3 Code 19.2 Means of Egress Requirements. 19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 7.10.8.3* No Exit. 7.10.8.3.1 Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT 7.10.8.3.2 The NO EXIT sign shall have the word NO in letters 2 in. (51 mm) high, with a stroke width of 3/8 in. (9.5 mm), and the word EXIT in letters 1 in. (25 mm) high, with the word EXIT below the word NO, unless such sign is an approved existing sign.	K 293		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 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	K 324	K 324 The hood contractor came and cleaned and inspected hood. The hood contractor company is now set up to complete semi-annual servicing of the kitchen hood	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 324	<p>Continued From page 4 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</p> <p>This REQUIREMENT is not met as evidenced by: Based on records reviews and interview, the facility failed to maintain the kitchen exhaust hood in the kitchen in accordance with the code. The deficient practice affected one (1) of five (5) smoke compartments, staff, and no residents. The facility had the capacity for 35 beds with a census of 27 on the day of survey.</p> <p>The findings include:</p> <p>Records review, on 2/9/24, at 2:49 p.m., revealed the facility only had documentation of the kitchen hood and duct exhaust system being inspected for grease buildup annually. Additional records review revealed that only the kitchen hood and duct exhaust system inspection and cleaning, for the calendar year 2023, was dated 8/1/23. The facility failed to inspect the kitchen hood and duct exhaust system semi-annually, as required for moderately greasy cooking in accordance with section 11.4 of NFPA 96, Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations.</p> <p>An interview, with the Maintenance Supervisor, on 2/9/24, at 2:49 p.m., revealed the facility was not aware inspection of the kitchen hood and duct</p>	K 324			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 324	<p>Continued From page 5</p> <p>exhaust system for grease buildup was required to be performed semi-annually.</p> <p>The census of 27 was verified by the Director of Nursing (DON) on 2/9/24, at 10:55 a.m. The findings were acknowledged by the DON and verified by the Maintenance Supervisor during the exit interview on 2/9/24, at 3:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 19.3.2.5.2* Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area. 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service. Actual NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Chapter 5 Hoods 5.1 Construction. 5.1.1 The hood or that portion of a primary collection means designed for collecting cooking vapors and residues shall be constructed of and be supported by steel not less than 1.09 mm (0.043 in.) (No. 18 MSG) in thickness, stainless steel not less than 0.94 mm (0.037 in.) (No. 20</p>	K 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 324	Continued From page 6 MSG) in thickness, or other approved material of equivalent strength and fire and corrosion resistance. 5.1.2 All seams, joints, and penetrations of the hood enclosure that direct and capture grease-laden vapors and exhaust gases shall have a liquid tight continuous external weld to the hood ' s lower outermost perimeter. 5.1.3 Seams, joints, and penetrations of the hood shall be permitted to be internally welded, provided that the weld is formed smooth or ground smooth, so as to not trap grease, and is cleanable. 5.1.4* Internal hood joints, seams, filter support frames, and appurtenances attached inside the hood shall be sealed or otherwise made grease tight. 5.1.5 Penetrations shall be permitted to be sealed by devices that are listed for such use and whose presence does not detract from the hood's or duct's structural integrity. 10.6 System Annunciation. 10.6.1 Upon activation of an automatic fire-extinguishing system, an audible alarm or visual indicator shall be provided to show that the system has activated. 10.6.2 Where a fire alarm signaling system is serving the occupancy where the extinguishing system is located, the activation of the automatic fire-extinguishing system shall activate the fire alarm signaling system. 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1* 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 properly trained, qualified, and certified person(s) acceptable to the authority	K 324			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 324	Continued From page 7 having jurisdiction at least every 6 months. 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1* 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 properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 11.4* Inspection for Grease Buildup. The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. Table 11.4 Schedule of Inspection for Grease Buildup Type or Volume of Cooking Inspection Frequency Systems serving moderate-volume cooking Semiannually	K 324		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____	K 353	K 353 Sprinkler contractor company completed inspection on sprinkler fire system on 2/20/24 Maintenance Director added sprinkler inspection to quarterly preventative maintenance schedule	3/8/24

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

Printed: 02/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 353	<p>Continued From page 8</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the sprinkler system in accordance with the code. The deficient practice affected one (1) of five (5) smoke compartments, staff, and all residents. The facility had the capacity for 35 beds with a census of 27 on the day of survey.</p> <p>The findings include:</p> <p>Record review, on 2/9/24, at 3:21 p.m., revealed the facility did not have documentation of a quarterly sprinkler system being performed for the fourth quarter of 2023. The facility failed to perform quarterly sprinkler system inspections in accordance with sections 5.2.5 and 5.3.3.1 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>An interview, on 2/9/24, at 3:21 p.m., with the Maintenance Supervisor revealed the facility was not aware of the missing quarterly sprinkler system inspection for the fourth quarter of 2023. Additional interview with the Maintenance Supervisor revealed the previous Maintenance Supervisor was performing the quarterly inspections prior to the fourth quarter of 2023, but the new Maintenance Supervisor was not aware that the quarterly inspections were part of their job duties.</p> <p>The census of 27 was verified by the Director of Nursing (DON) on 2/9/24, at 10:55 a.m. The</p>	K 353		

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

Printed: 02/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 353	<p>Continued From page 9</p> <p>findings were acknowledged by the DON and verified by the Maintenance Supervisor during the exit interview on 2/9/24, at 3:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety Code (2012)</p> <p>19.3.5 Extinguishment Requirements.</p> <p>19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p> <p>9.7.1 Automatic Sprinklers.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>Actual NFPA Standard: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems</p> <p>4.3 Records.</p> <p>4.3.1* Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request.</p> <p>4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>4.3.3* Records shall be maintained by the property owner.</p> <p>4.3.5 Subsequent records shall be retained for a period of 1 year after the next inspection, test, or maintenance of that type required by the standard.</p> <p>5.2.5 Waterflow Alarm and Supervisory Devices. Waterflow alarm and supervisory alarm devices shall be inspected quarterly to verify that they are</p>	K 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 353	Continued From page 10 free of physical damage. 5.3.3 Waterflow Alarm Devices. 5.3.3.1 Mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly.	K 353			
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to document the inspection and testing of all the required fire doors installed throughout the facility. The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 35 beds with a census of 27 on the day of the survey. The findings include: Records review, on 2/9/24, at 2:57 p.m., revealed there was no documentation available to indicate fire doors throughout the facility were inspected on an annual basis as required by section 5.2.1 of	K 761	K 761 Maintenance Director or designee inspected all fire doors and repaired on 2/22/24 Maintenance Director or designee added inspection of all fire doors added to yearly preventative maintenance schedule		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 761	<p>Continued From page 11</p> <p>NFPA 80, Standard for Fire Doors and Other Opening Protectives.</p> <p>An interview, on 2/9/24, at 2:57 p.m., with the Maintenance Supervisor revealed the facility was not aware of the requirement for annual fire door testing.</p> <p>The census of 27 was verified by the Director of Nursing (DON) on 2/9/24, at 10:55 a.m. The findings were acknowledged by the DON and verified by the Maintenance Supervisor during the exit interview on 2/9/24, at 3:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012)</p> <p>19.7.6 Maintenance and Testing. See 4.6.12.</p> <p>4.6.12 Maintenance, Inspection, and Testing.</p> <p>4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.</p> <p>8.3.3 Fire Doors and Windows.</p> <p>8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening</p>	K 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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 761	<p>Continued From page 12</p> <p>Protectives, except as otherwise specified in this Code.</p> <p>Actual NFPA Standard: NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010) 5.2* Inspections.</p> <p>5.2.1* Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.</p> <p>5.2.3 Functional Testing.</p> <p>5.2.3.1 Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing.</p> <p>5.2.3.2 Before testing, a visual inspection shall be performed to identify any damaged or missing parts that can create a hazard during testing or affect operation or resetting.</p>	K 761		

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

Printed: 02/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2024
NAME OF PROVIDER OR SUPPLIER STRAND-KJORSVIG COMMUNITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 801 S MAIN ROSLYN, SD 57261		
(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
E 000	Initial Comments 42 CFR 483.73 K6 PLAN APPROVAL: 1955 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 1955, Type V (111), protected combustible wood frame construction. The building has complete coverage by an automatic (wet) sprinkler system and a total of five (5) smoke compartments. A Comparative Federal Monitoring Survey was conducted on 2/9/24, following a State Agency Annual Survey on 1/4/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Strand-Kjorsuig Community Rest Home was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	E 000	Reviewed by Erik Wilhelm Ascellon Corporation 3/5/24 Acceptable	
E9999	Final Observations Strand-Kjorsuig Community Rest Home was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness).	E9999		

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

TITLE

(X6) DATE

Samuel Van Voorst

Administrator

2/29/24

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.