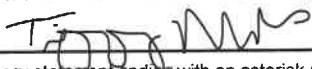


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435062	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER ALCESTER CARE AND REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1961 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 1961 partial basement, Type III (200), unprotected ordinary construction, with three (3) smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 5/16/24, following a State Agency Annual Survey on 5/1/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Alcester Care & Rehab was found to not be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000	Reviewed by Nathan Johns Ascellon Corporation 6/28/24 Acceptable	
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting 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 REQUIREMENT is not met as evidenced	K 291	Unable to correct non-compliance. This deficient practice has the potential to harm all residents. Administrator or designee will create a checklist for emergency lighting testing on 06/05/2024 to ensure documentation is being completed as required by the NFPA 101 standards.	06/08/2024

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



TITLE

Administrator

(X6) DATE

06/26/2024

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	<p>Continued From page 1</p> <p>by: Based on record review, the facility failed to test battery powered emergency lighting as required. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey.</p> <p>The findings include:</p> <p>Records review, on 5/16/24, at 10:48 a.m., of the facility's inspections for the battery powered emergency lighting for the 12-month period prior to the survey revealed there was no documentation of monthly 30-second or annual 90-minute tests being conducted on the battery powered emergency lights installed at the facility, as required by section 7.9.3.1.1 of NFPA 101, Life Safety Code.</p> <p>An interview, on 5/16/24, at 10:48 a.m., with the Maintenance Supervisor revealed the facility was aware that testing was required for battery powered emergency lights.</p> <p>Observation during the building inspection tour, on 5/16/24, at 1:00 p.m., of the corridors, and where the emergency generator was housed inside the garage area revealed there were battery powered emergency light fixtures installed on the walls of these rooms.</p> <p>An interview, on 5/16/24, at 1:40 p.m., with the Maintenance Supervisor revealed the facility was aware that the fixtures were there.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the</p>	K 291	<p>Administrator or designee reviewed and revised our emergency lighting policy and procedure.</p> <p>Administrator will education Maintenance Supervisor on required emergency lighting documentation and testing on 05/17/2024.</p> <p>Maintenance Supervisor or designee will complete audits to ensure emergency lighting documentation is complete monthly for 6 months and will report the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.</p>	

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K 291	Continued From page 2 exit interview on 5/16/24, at 2:30 p.m. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9.3.1.1 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, except as otherwise permitted by 7.9.3.1.1(2). (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 11?2 hours if the emergency lighting system is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 291		
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 _____	K 353	Maintenance Supervisor contacted outside company to perform a five-year calibration or replacement of gauge and five-year internal pipe inspection. They are scheduled to come to the facility on 06/10/2024. This deficient practice has the potential to harm all residents. Administrator educated Maintenance Supervisor on required inspections on 05/17/2024.	06/08/2024

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K 353	<p>Continued From page 3</p> <p>b) Who provided system test</p> <hr/> <p>c) Water system supply source</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 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to inspect the pressure gauges for the automatic sprinkler systems. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey.</p> <p>The findings include:</p> <p>Records review of the facility's sprinkler reports for the five (5) year period prior to the survey, on 5/16/24, at 10:19 a.m., revealed the facility failed to test by comparison with a calibrated gauge or replace the gauges on the sprinkler riser, as required by sections 5.3.2.1 and 5.3.2.2 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Additional record review revealed the last five (5) year gauge was completed 9/12/17.</p> <p>An interview, on 5/16/24, at 10:19 a.m., with the Maintenance Supervisor revealed the facility was aware the sprinkler gauges were not replaced or tested.</p> <p>Observation during the building inspection tour, on 5/16/24, at 11:59 a.m., of the sprinkler riser pressure gauges revealed they were dated 2017, and there was no indication that they had been</p>	K 353	<p>Maintenance Supervisor or designee will complete audits to ensure sprinkler system is operating correctly weekly for four weeks and then once a month for two more months and will report the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.</p>	

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K 353	<p>Continued From page 4 replaced or calibrated.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.3.5 Extinguishment Requirements. 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. 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 5.1.1.1 This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. 5.1.1.2 Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. 4.3 Records. 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. 4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or</p>	K 353		

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K 353	Continued From page 5 maintenance), the organization that performed the work, the results, and the date. 4.3.3* Records shall be maintained by the property owner. 4.3.4 As-built system installation drawings, hydraulic calculations, original acceptance test records, and device manufacturer's data sheets shall be retained for the life of the system. 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. 5.2.4 Gauges. 5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. 5.3.2* Gauges. 5.3.2.1 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. 5.3.2.2 Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. 13.3.2 Inspection. 13.3.2.1 All valves shall be inspected weekly. 13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.	K 353		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are	K 712	Unable to correct non-compliance. This deficient practice has the potential to harm all residents. Administrator or designee will create a fire drill form on 06/05/2024 to ensure completion of fire drills once a quarter for every shift. Administrator or designee reviewed and revised our fire drill policy and procedure.	06/08/2024

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K 712	<p>Continued From page 6</p> <p>conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review and interview, the facility failed to conduct all required fire drills. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had the capacity for 41 beds with a census of 34 on the day of survey.</p> <p>The findings include:</p> <p>Records review, on 5/16/24, at 9:52 a.m., of the fire drill reports from the 12 months preceding the survey revealed the facility had not conducted fire drills, as required by section 19.7.1.6 of NFPA 101, Life Safety Code.</p> <p>These fire drills included:</p> <ol style="list-style-type: none"> 1. First shift - second quarter of 2023. 2. Second shift - third quarter of 2023. 3. Third shift - third quarter of 2023. <p>An interview with the Maintenance Supervisor, on 5/16/24, at 9:52 a.m., revealed the facility was not aware that those fire drills were missing.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 (2012) Life Safety Code</p> <p>19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.</p> <p>19.7.1.5 Infirm, or bedridden patients shall not be required to be moved during drills to safe areas or</p>	K 712	<p>Administrator educated Maintenance Supervisor on frequency of fire drills on 06/05/2024.</p> <p>Maintenance Supervisor or designee will audit completion of fire drills monthly for 4 months. Maintenance Supervisor or designee will present the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.</p>	

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K 712	Continued From page 7 to the exterior of the building. 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 712		
K 754 SS=D	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure soiled waste containers did not exceed 32 gallons and were attended as required. The deficient practice one (1) of three (3) smoke compartments, and no residents. The facility had a capacity for 41 beds with a census	K 754	Unable to correct non-compliance. This deficient practice has the potential to harm all residents. Administrator or designee has educated all personnel responsible for handling soiled linen containers of this requirement and the new placement of our soiled linen containers inside a room protected as a hazardous area when not attended on 05/17/2024. Administrator or designee reviewed and revised our soiled linen policy and procedure. Administrator or designee will complete audits to ensure soiled linen containers are in the appropriate place weekly for 4 weeks and monthly for 2 more months and will report the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.	06/08/2024

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K 754	<p>Continued From page 8 of 34 on the first day of the survey.</p> <p>The findings include:</p> <p>Observations during the building tour, on 5/16/24, at 2:15 p.m., revealed two wheeled plastic soiled linen containers stored, and not attended, in the corridor which exceeded 32 gallons in capacity and were not located in a room protected as a hazardous area, as required by section 19.7.5.7.1(2)(3) of NFPA 101, Life Safety Code.</p> <p>An interview with the Maintenance Supervisor, on 5/16/24, at 2:15 p.m., revealed the facility was unaware of the requirements for soiled linen and waste containers of over 32 gallons within a 64 square foot area stored unattended and not stored in a hazardous area.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101, Like Safety Code (2012) 19.7.5.7 Soiled Linen and Trash Receptacles. 19.7.5.7.1 Soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity and shall meet all of the following requirements: (1) The average density of container capacity in a room or space shall not exceed 0.5 gal/ft² (20.4 L/m²). (2) A capacity of 32-gal (121 L) shall not be exceeded within any 64 ft² (6 m²) area. (3) * Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal</p>	K 754		

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K 754	Continued From page 9 (121 L) shall be located in a room protected as a hazardous area when not attended. (4) Container size and density shall not be limited in hazardous areas.	K 754		
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 observation, records review, and interview, the facility failed to document the inspection and testing of the required fire doors installed throughout the facility. The deficient practice affected one (1) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey. The findings include: Records review, on 5/16/24, at 11:37 a.m., revealed there was no documentation available to indicate that the required fire doors were inspected and tested annually, as required by section 5.2.1 of NFPA 80, Standard for Fire Doors	K 761	Unable to correct non-compliance. This deficient practice has the potential to harm all residents. Annual fire door inspections and testing will be completed annually and documented by the Maintenance Supervisor or designee. Inspections will include all NFPA 80 regulations. Maintenance Supervisor or designee will audit completion of inspections for 1 year. Maintenance Supervisor or designee will present the results of the audits to the QAPI committee for 1 year or until the QAPI committee advises to discontinue monitoring.	06/08/2024

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(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 10 and Other Opening Protectives.</p> <p>An interview with the Maintenance Supervisor, on 5/16/23, at 10:15 a.m., revealed that the facility was aware of the Annual Fire Rated Door Assembly Inspection.</p> <p>Observation during the building inspection tour, on 5/16/24, at 1:07 p.m., revealed two fire doors at the termination of the two stairwells from the first floor down to the partial basement.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.7.6 Maintenance and Testing. See 4.6.12. 4.6.12 Maintenance, Inspection, and Testing. 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. 8.3.3 Fire Doors and Windows. 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</p>	K 761		

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K 761	<p>Continued From page 11</p> <p>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 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> <p>5.2.4 Swinging Doors with Builders Hardware or Fire Door Hardware.</p> <p>5.2.4.1 Fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>5.2.4.2 As a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact; and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p>	K 761		

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K 761	Continued From page 12 (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf closes before the active leaf. (8) Latching hardware operates and secures the door when it is in the closed position. (9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (10) No field modifications to the door assembly have been performed that void the label. (11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.	K 761		
K 911 SS=F	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to obtain and maintain the required documentation for the natural gas emergency generator. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey.	K 911	Administrator called and obtained Letter of Reliability to include the statement and brief description of reasonable reliability, statement and brief description including there is a low probability of interruption of the natural gas, and a signature of a technical personnel from the natural gas vendor on 06/05/2024. This deficient practice has the potential to harm all residents. Administrator will educate Maintenance Supervisor on emergency power regulations on 06/05/2024. Maintenance Supervisor or designee will complete audits to ensure accurate documentation monthly for 6 months. Maintenance Supervisor or designee will present the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.	06/08/2024

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K 911	<p>Continued From page 13</p> <p>The findings include:</p> <p>Records review, on 5/16/24, at 9:45 a.m., of the emergency generator inspection and testing records revealed there was not documentation from the facility's natural gas supplier that indicated the fuel supply for the emergency generator was deemed reliable, as required by section 6.4.1.1.15 of NFPA 99, Health Care Facilities Code, and sections 5.5 and 7.9 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional record review revealed the facility did not have the required Centers for Medicare and Medicaid (CMS) Letter of Reliability that contained the following statements:</p> <ol style="list-style-type: none"> 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption. 5. The signature of technical personnel from the natural gas vendor. <p>The CMS Letter of Reliability was required by a Survey and Certification (S&C) Memorandum, dated May 29, 2009, titled: "Natural Gas Generator Backup Fuel Source Letter Requirements," which provided guidance and clarification and was distributed by the CMS Regional Office V.</p> <p>An interview, on 5/16/24, at 10:45 a.m., with the Administrator revealed the facility had no Letter of Reliability from the facility natural gas supplier and was not aware of the requirement for their natural gas generator.</p>	K 911			

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K 911	<p>Continued From page 14</p> <p>Observation, on 5/16/24, at 1:15 p.m., revealed the facility was provided with a 55-kW spark initiated (natural gas) emergency generator that was not original to the building and installed in 1978.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012) 6.4.1.1.15 Fuel Supply. The fuel supply for the generator set shall comply with Sections 5.5 and 7.9 of NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems (2010) 5.5 Energy Converters - Fuel Supply. 5.5.1 The fuel supplies specified in 5.1.1(1) and 5.1.1(2) for energy converters intended for Level 1 use shall not be used for any other purpose. (For fuel system requirements, see Section 7.9.) 5.5.1.1 Enclosed fuel tanks shall be permitted to be used for supplying fuel for other equipment, provided that the drawdown level always guarantees the quantity needed for the EPSS. 5.5.1.2 Vapor-withdrawal LP-Gas systems shall have a dedicated fuel supply. 5.5.2* A low-fuel sensing switch shall be provided for the main fuel supply tank(s) using the energy sources listed in 5.1.1(1) and 5.1.1(2) to indicate when less than the minimum fuel necessary for full load running, as required by the specified class in Table 4.1(a), remains in the main fuel tank. 5.5.3* The main fuel tank shall have a minimum</p>	K 911		

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K 911	Continued From page 15 capacity of at least 133 percent of either the low-fuel sensor quantity specified in 5.5.2 or that specified in Table 4.1(a) (class). 6.4.1.1.5 Where the normal source consists of generating units on the premises, the alternate source shall be either another generating set or an external utility service. 7.9 Fuel System. 7.9.1 Fuel tanks shall be sized to accommodate the specific EPS class. 7.9.1.1 All fuel tanks and systems shall be installed and maintained in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, NFPA 54, National Fuel Gas Code, and NFPA 58, Liquefied Petroleum Gas Code. 7.9.1.2* Fuel system design shall provide for a supply of clean fuel to the prime mover. 7.9.1.3 Tanks shall be sized so that the fuel is consumed within the storage life, or provision shall be made to replace stale fuel with clean fuel. 7.9.2 Fuel tanks shall be close enough to the prime mover for the fuel lift (suction head) of the prime mover fuel pump to meet the fuel system requirements, or a fuel transfer pump and day tank shall be provided. 7.9.2.1 If the engine manufacturer's fuel pump static head pressure limits are exceeded when the level of fuel in the tank is at a maximum, a day tank shall be utilized. 7.9.3 Fuel piping shall be of compatible metal to minimize electrolysis and shall be properly sized, with vent and fill pipes located to prevent entry of groundwater or rain into the tank. 7.9.3.1 Galvanized fuel lines shall not be used. 7.9.3.2 Approved flexible fuel lines shall be used between the prime mover and the fuel piping. 7.9.4 Day tanks on diesel systems shall be installed below the engine fuel return elevation.	K 911		

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K 911	<p>Continued From page 16</p> <p>7.9.4.1 The return line to the day tank shall be below the fuel return elevation.</p> <p>7.9.4.2 Gravity fuel oil return lines between the day tank and the main supply tank shall be sized to handle the potential fuel flow and shall be free of traps so that fuel can flow freely to the main tank.</p> <p>7.9.5 Integral tanks of the following capacities shall be permitted inside or on roofs of structures, or as approved by the authority having jurisdiction:</p> <p>(1) Maximum of 2498 L (660 gal) diesel fuel (2) Maximum of 95 L (25 gal) gasoline fuel</p> <p>7.9.6* The fuel supply for gas-fueled and liquid-fueled prime movers shall be installed in accordance with applicable standards.</p> <p>7.9.7* Where the gas supply is connected to the building gas supply system, it shall be connected on the supply side of the main gas shutoff valve and marked as supplying an emergency generator.</p> <p>7.9.8 The building's main gas shutoff valve shall be marked or tagged to indicate the existence of the separate EPS shutoff valve.</p> <p>7.9.9 The fuel supply for gas-fueled and liquid-fueled prime movers shall be designed to meet the demands of the prime mover for all of the following factors:</p> <p>(1) Sizing of fuel lines (2) Valves, including manual shutoff (3) Battery-powered fuel solenoids (4) Gas regulators (5) Regulator vent piping (6) Flexible fuel line section (7) Fuel line filters (8) Fuel vaporizers (LP-Gas) (9) Ambient temperature effect of fuel tank vaporization rates of LP-Gas where applicable</p> <p>7.9.10 The fuel storage and supply lines for an EPSS shall be in accordance with this standard</p>	K 911		

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K 911	Continued From page 17 or with the specific authority having jurisdiction, or both. 7.9.11 All manual fuel system valves shall be of the indicating type. 7.9.12 Listed generator subbase secondary containment fuel tanks of 2498 L (660 gal) capacity and below shall be permitted to be installed outdoors or indoors without diking or remote impounding. 7.9.12.1 A minimum clearance of 0.9 m (36 in.) shall be maintained on all sides. S&C Memorandum dated May 29, 2009, distributed by CMS Regional Office V and titled: Natural Gas Generator Backup Fuel Source Letter Requirements.	K 911		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.	K 914	Unable to correct non-compliance for failure to inspect and test electrical systems located in patient bed locations. This deficient practice has the potential to harm all residents. Administrator or designee will review and revise patient care receptacles policy and procedure to ensure physical integrity and continuity of grounding circuit. Administrator or designee will create a record keeping log to include the date, room, and indication of performance will be established including, but not limited to, physical integrity of receptacles being visually inspected, continuity of grounding circuit, correct polarity of the hot and neutral connections, and the retention force of the grounding blade. A routine maintenance and testing of electrical systems in patient bed locations will be established on routine yearly intervals, not to exceed 12 months in length. Maintenance Supervisor and all other staff responsible for testing and maintenance of patient care receptacles will be re-educated by administrator on 06/05/2024.	06/08/2024

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K 914	<p>Continued From page 18</p> <p>6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to maintain the electrical receptacles in patient care areas. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey.</p> <p>The findings include:</p> <p>Record review, on 5/16/24, at 9:30 a.m., revealed that non-hospital grade electrical receptacles located in patient bed locations throughout the facility did not have annual physical integrity, continuity, polarity, or retention testing documentation as required by sections 6.3.3.2 through 6.3.4.2.1.2 of NFPA 99 Health Care Facilities Code.</p> <p>An interview with the Maintenance Supervisor, on 5/16/24, at 9:57 a.m., revealed the facility was not familiar with receptacle testing requirements.</p> <p>Observation during the building inspection tour, on 5/16/24, from 11:30 a.m., to 1:35 p.m., revealed that every resident bedroom throughout the facility had non-hospital grade electrical receptacles located in patient bedrooms.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012)</p>	K 914	<p>Maintenance Supervisor or designee will audit inspection of proper patient care electrical receptacles monthly for 6 months.</p> <p>Maintenance Supervisor or designee will present the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.</p>	

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K 914	<p>Continued From page 19</p> <p>6.3.3.2 Receptacle Testing in Patient Care Rooms</p> <p>6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection.</p> <p>6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified.</p> <p>6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.</p> <p>6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz).</p> <p>6.3.4.1 Maintenance and Testing of Electrical System.</p> <p>6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device.</p> <p>6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.</p> <p>6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months.</p> <p>6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators.</p> <p>6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall</p>	K 914		

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K 914	Continued From page 20 be tested in accordance with 6.3.3.3.2. 6.3.4.2 Record Keeping. 6.3.4.2.1* General. 6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. 6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.	K 914		
K 918 SS=F	Electrical Systems - Essential Electric System 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	K 918	Unable to correct prior non-compliance. All residents have the potential to be affected by this deficiency. Implementation and revision of generator documentation to include monthly conductance testing of the battery on the generator. Administrator will educate Maintenance Supervisor on generator testing on 06/05/2024. Maintenance Supervisor or designee will audit monthly to ensure appropriate documentation for 6 months. Maintenance Supervisor or designee will present the results of the audits to the monthly QAPI committee for three months or until the QAPI committee advises to discontinue monitoring.	06/08/2024

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Printed: 05/24/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435062	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER ALCESTER CARE AND REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CHURCH STREET ALCESTER, SD 57001		
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K 918	<p>Continued From page 21</p> <p>maintenance and testing are maintained and 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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all residents. The facility had a capacity for 41 beds with a census of 34 on the day of the survey.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Records review of the monthly emergency generator inspection and testing records dating back 12 months prior to the survey revealed there was no documentation of monthly specific gravity testing or conductance testing for the lead-acid batteries for 2023, as required by section 8.3.7.1 of NFPA 110, Standard for Emergency and Standby Power Systems. <p>An interview, on 5/16/24, at 11:10 a.m., with the Maintenance Supervisor confirmed the batteries on the generator were maintenance free, and revealed the facility was aware of the monthly generator battery testing requirements for generator batteries.</p> <ol style="list-style-type: none"> Records review of the inspection and testing documentation for the emergency generator dating back 12 months prior to the survey 	K 918			

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K 918	<p>Continued From page 22</p> <p>indicated there was no documentation that the generators had been tested on load every month, as required by sections 8.3.4, 8.4.2, and 8.4.2.3 of NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>An interview with the Maintenance Supervisor, on 5/16/24, at 11:45 a.m., revealed the facility only had documentation from the time they started, and that for the previous timeframe, there was no documentation.</p> <p>The census of 34 was verified by the Administrator on 5/16/24, at 9:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/16/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.3 Emergency Generators and Standby Power Systems. Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2. 9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>Actual NFPA Standard: NFPA 110, Standard for Emergency and Standby Power Systems (2010) 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of</p>	K 918		

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K 918	Continued From page 23 electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.4.1 The permanent record shall include the following: (1) The date of the maintenance report (2) Identification of the servicing personnel (3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer 8.4 Operational Inspection and Testing. 8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4. 8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating 8.4.2.1 The date and time of day for required testing shall be decided by the owner, based on facility operations. 8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.	K 918			

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K 918	Continued From page 24 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate KW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.	K 918		

