

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

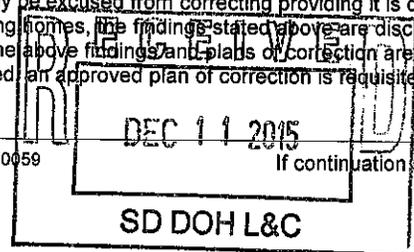
ORIGINAL

PRINTED: 11/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2015
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
(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	
F 000	INITIAL COMMENTS Surveyor: 16385 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 11/16/15 through 11/18/15. Avera Mother Joseph Manor Retirement Community was found in compliance.	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **12/2/15**

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: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER avera mother joseph manor retirement community			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401	
(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 Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 11/17/15. Avera Mother Joseph Manor Retirement Community (building 01) was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities: The building will meet the requirements of the 2000 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 11/23/15 upon correction of the deficiencies identified below. Please mark an "F" in the completion date column for those deficiencies identified as meeting the FSES to indicate the provider's intent to correct the deficiency identified at K021, K029, K062, and K147 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and	K 021	K-021 The ninety minute horizontal exit door with automatic closure separating the nursing facility and assisted living will be programmed to release automatically upon activation of the building fire alarm system at either the assisted living facility or nursing facility. Automatic door closure will be audited when fire alarm system activated for monthly drill by the plant operations director or designee. Audits will be reported quarterly to the QA Committee by Plant Operations Director or designee until advised by the committee to discontinue.	12/31/15

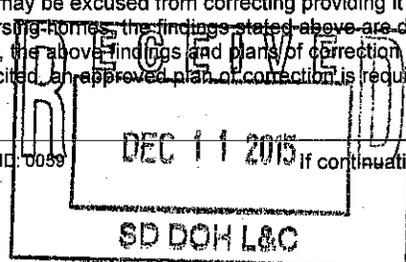
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] *Administrative* *12/2/15*

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NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401	
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K 021	Continued From page 1 c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to ensure one of one horizontal exit doors between the nursing home and assisted living were designed to automatically release from the magnetic hold open device upon activation of both buildings' fire alarm system. Findings include: 1. Observation at 2:30 p.m. on 11/17/15 during a fire drill in the nursing home revealed the ninety minute fire rated horizontal exit door separating the nursing home and assisted living facility did not close. That door was held open by a magnetic hold open device that should have released upon activation of the building fire alarm system. Interview with the director of plant operations at the time of the above observation revealed he was not aware that door was required to close. He indicated that door did close when the fire alarm system was activated in the assisted living.	K 021		
K 028 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers provide a minimum clear width of 32 inches (81cm) for swinging or horizontal doors. Vision panels are of fire-rated glazing or wired glass panels and steel frames. 19.3.7.5, 19.3.7.7	K 028		F

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K 028	Continued From page 2 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, measurement, and record review, the provider failed to maintain at least 32 inches of clear width for one set of randomly observed smoke barrier doors (between the 1961 original building and the 1980 addition) opening. Findings include: 1. Observation at 9:00 a.m. on 11/17/15 revealed the cross-corridor doors from the 1961 original building and the 1980 addition measured 30 inches in clear width. Review of the previous survey report revealed those doors were part of the original construction. The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct deficiencies identified in K000.	K 028		
K 029 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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	K 029	K-29 The kitchen pantry storage room door will have a self closure installed by 12/31/15. The door will be added to the latching and auto closing preventative maintenance checklist. Monthly audits of doors with door closures will be completed by Director of Plant Operations to assure doors close and latch properly. Audits will be reported quarterly to the QA committee by Director of Plant Operations or designee until advised by the committee to discontinue.	12/31/15

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K 029	Continued From page 3	K 029			
K 032 SS=C	<p>This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to maintain proper separation of one randomly observed hazardous area (kitchen pantry). Findings include:</p> <p>1. Observation at 12:45 p.m. on 11/17/15 revealed the kitchen pantry storage room was over 100 square feet in area. The door to the kitchen pantry that opened up into the exit egress corridor was not equipped with a self-closing device.</p> <p>Interview with the maintenance supervisor at the time of the observation confirmed that finding. Doors to hazardous areas was required to be self-closing.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and record review, the provider failed to maintain at least two exits from the second level. Findings include:</p>	K 032		F	

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K 032	Continued From page 4 1. Observation at 10:30 a.m. on 11/17/15 revealed the second level was not equipped with a conforming exit. The east and west stair enclosures discharged into the main level corridor system. Review of previous life safety code surveys confirmed those findings.	K 032			
K 033 SS=C	The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000. NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and record review, the provider failed to maintain a one-hour fire-resistive path of egress from the second level to the exterior of the building. Two randomly observed stair enclosures discharged into the main level corridor system. Findings include: 1. Observation at 11:00 a.m. on 11/17/15 revealed the east and west second level stair enclosures discharged into the main level corridor system. A one-hour fire-resistive path of egress was not provided to the exterior of the building. Review of the previous life safety code survey	K 033		F	

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K 033	Continued From page 5 confirmed that finding.	K 033		
K 062 SS=E	<p>The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, record review, and interview, the provider failed to ensure the automatic sprinkler system was continuously maintained in reliable operating condition in multiple locations throughout building 1. Findings include:</p> <p>1. Observations beginning at 12:30 p.m. to 2:30 p.m. on 11/17/15 of the provider's automatic sprinkler system revealed sprinkler heads with excessive corrosion and/or lint build-up. That is referred to as loading on the sprinkler heads and might affect the reliability and functionality of those sprinkler heads. Random observation revealed multiple locations where that issue was apparent. The facility shall investigate all areas to ensure sprinkler heads with excessive loading are replaced or cleaned.</p> <p>Interview with the director of plant observations at the time of the above observation indicated he</p>	K 062	<p>K-062</p> <p>1. All sprinkler heads have been cleaned as of 12/01/15. The corrosive heads will be replaced by 12/31/15. Sprinkler heads will be added to the plant operations monthly preventative maintenance and cleaning schedule. Corrosive sprinklers will be replaced.</p> <p>2. The control valve for B Wing Soiled Utility Room will be changed to hook up with the designated NFPA 13 Sprinkler system. The B Wing Soiled Utility Room will be included with all the preventative maintenance checks of sprinkler systems.</p> <p>Monthly audits of sprinkler heads for corrosion and cleanliness will be conducted by the Director of Plant Operations.</p> <p>Audits will be reported quarterly to the QA Committee by the Director of Plant Operations or designee until advised by the committee to <u>discontinue reporting</u>.</p>	12/31/15

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K 062	<p>Continued From page 6</p> <p>was unaware of the loading issue. He believed Western States was inspecting sprinkler heads for issues. It was pointed out to him the owner was ultimately responsible for the condition of the sprinkler system. A preventative maintenance plan must be established to ensure the system is maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>2. Observation at 1:55 p.m. on 11/17/15 in the B wing revealed a soiled utility room. That room revealed that room was protected with a fire sprinkler system tied to the potable water supply system. An unsupervised locked control valve was not being inspected on a regular schedule. No flow sensor was provided that would indicate the sprinkler system was activated. That room must be provided with sprinkler protection from the designated NFPA 13 sprinkler system.</p> <p>Interview with the director of plant operations at the time of the above observation revealed he was unaware of the above condition.</p> <p>3. Review of the fire sprinkler inspection report provided by Western States Fire Protection dated February 2015 revealed a non-compliance comment. That comment indicated the facility was partially protected by dry pendant sprinkler heads installed throughout the facility. The comment indicated the dry pendant type heads were over ten years old. They should have been sample tested to ensure they were still functioning correctly. Those special type sprinkler heads were more susceptible to malfunction and should have been tested on a more frequent preventative maintenance schedule.</p>	K 062	<p>3. All of the dry pendant sprinkler heads will be replaced by Jan. 31, 2016.</p> <p>A preventative maintenance plan will be implemented by the Director of Plant Operations for recommended sample testing of the dry pendant sprinkler heads within 10 years.</p> <p>A quarterly inspection of the sprinkler system will be completed by Western States. Quarterly inspections, recommendations and completion of recommendations will be reported to the QA Committee by the Director of Plant Operations until advised by the Committee to discontinue reporting.</p>	

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K 062	Continued From page 7 Interview with the director of plant observations at the time of the above record review revealed he was aware of the comment. He believed Western States was doing the testing. He was informed Western States does not do testing of sprinkler heads and a third party testing agency would need to be contacted to provide the testing.	K 062			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to ensure electrical wiring was installed in accordance with the National Electrical Code in one randomly observed location (kitchen). Findings include: 1. Observation at 12:50 p.m. on 11/17/15 revealed an ice maker had been installed on a wall directly above a standard electrical outlet. That ice maker would be considered a wet location with direct water supply and waste plumbing. That electrical outlet should have been provided with ground fault circuit interruption protection in accordance with the National Electric Code. Interview with the maintenance supervisor at the time of observation confirmed that condition.	K 147	K-147 The outlets near the identified ice maker will have a GFI installed by 12/31/15. Monthly audits of outlets near water sources will be completed by Director of Plant Operations to assure outlets are GFI protected. Audits will be reported quarterly to the QA committee by Director of Plant Operations or designee until advised by the committee to discontinue.	12/31/15	

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K 000	INITIAL COMMENTS Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 11/17/15. Avera Mother Joseph Manor Retirement Community (building 02) was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities: The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiency identified at K062 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, record review, and interview, the provider failed to ensure the automatic sprinkler system was continuously maintained in reliable operating condition in multiple locations throughout building 2. Findings include: 1. Observations beginning at 12:30 p.m. to 2:30 p.m. on 11/17/15 of the provider's automatic sprinkler system revealed sprinkler heads with	K 062	K-062 1. All sprinkler heads have been cleaned as of 12/01/15. The corrosive heads will be replaced by 12/31/15. Sprinkler heads will be added to the plant operations monthly preventative maintenance and cleaning schedule. Corrosive sprinklers will be replaced. 2. The control valve for B Wing Soiled Utility Room will be changed to hook up with the designated NFPA 13 Sprinkler system. The B Wing Soiled Utility Room will be included with all the preventative maintenance checks of sprinkler systems.	12/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Tom Sawyer</i>	TITLE <i>Administrator</i>	(X8) DATE <i>12/2/15</i>
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K 062	<p>Continued From page 1</p> <p>excessive corrosion and/or lint build-up. That is referred to as loading on the sprinkler heads and might affect the reliability and functionality of those sprinkler heads. Random observation revealed multiple locations where that issue was apparent. The facility shall investigate all areas to ensure sprinkler heads with excessive loading are replaced or cleaned.</p> <p>Interview with the director of plant observations at the time of the above observation indicated he was unaware of the loading issue. He believed Western States was inspecting sprinkler heads for issues. It was pointed out to him the owner was ultimately responsible for the condition of the sprinkler system. A preventative maintenance plan must be established to ensure the system is maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>2. Review of the fire sprinkler inspection report provided by Western States Fire Protection dated February 2015 revealed a non-compliance comment. That comment indicated the facility was partially protected by dry pendant sprinkler heads installed throughout the facility. The comment indicated the dry pendant type heads were over ten years old. They should have been sample tested to ensure they were still functioning correctly. Those special type sprinkler heads were more susceptible to malfunction and should have been tested on a more frequent preventative maintenance schedule.</p> <p>Interview with the director of plant observations at the time of the above record review revealed he was aware of the comment. He believed Western States was doing the testing. He was informed</p>	K 062	<p>Monthly audits of sprinkler heads for corrosion and cleanliness will be conducted by the Director of Plant Operations.</p> <p>Audits will be reported quarterly to the QA Committee by the Director of Plant Operations or designee until advised by the committee to discontinue reporting.</p> <p>3.All of the dry pendant sprinkler heads will be replaced by Jan. 31, 2016.</p> <p>A preventative maintenance plan will be implemented by the Director of Plant Operations for recommended sample testing of the dry pendant sprinkler heads within 10 years.</p> <p>A quarterly inspection of the sprinkler system will be completed by Western States. Quarterly inspections, recommendations and completion of recommendations will be reported to the QA Committee by the Director of Plant Operations until advised by the Committee to discontinue reporting.</p>	

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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 062	Continued From page 2 Western States does not do testing of sprinkler heads and a third party testing agency would need to be contacted to provide the testing.	K 062			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 3A - NORTHWEST WING B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2015
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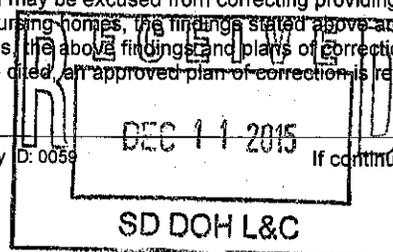
NAME OF PROVIDER OR SUPPLIER avera mother joseph manor retirement community	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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
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K 000	INITIAL COMMENTS Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 11/17/15. Avera Mother Joseph Manor Retirement Community (Building 03) was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities: The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiency identified at K062 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation, record review, and interview, the provider failed to ensure the automatic sprinkler system was continuously maintained in reliable operating condition in multiple locations throughout building 2. Findings include: 1. Observations beginning at 12:30 p.m. to 2:30 p.m. on 11/17/15 of the provider's automatic sprinkler system revealed sprinkler heads with	K 062	K-062 1. All sprinkler heads have been cleaned as of 12/01/15. The corrosive heads will be replaced by 12/31/15. Sprinkler heads will be added to the plant operations monthly preventative maintenance and cleaning schedule. Corrosive sprinklers will be replaced. 2. The control valve for B Wing Soiled Utility Room will be changed to hook up with the designated NFPA 13 Sprinkler system. The B Wing Soiled Utility Room will be included with all the preventative maintenance checks of sprinkler systems.	12/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Assistant Director</i>	(X6) DATE <i>12/11/15</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 3A - NORTHWEST WING B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
(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 062	<p>Continued From page 1</p> <p>excessive corrosion and/or lint build-up. That is referred to as loading on the sprinkler heads and might affect the reliability and functionality of those sprinkler heads. Random observation revealed multiple locations where that issue was apparent. The facility shall investigate all areas to ensure sprinkler heads with excessive loading are replaced or cleaned.</p> <p>Interview with the director of plant observations at the time of the above observation indicated he was unaware of the loading issue. He believed Western States was inspecting sprinkler heads for issues. It was pointed out to him the owner was ultimately responsible for the condition of the sprinkler system. A preventative maintenance plan must be established to ensure the system is maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>2. Review of the fire sprinkler inspection report provided by Western States Fire Protection dated February 2015 revealed a non-compliance comment. That comment indicated the facility was partially protected by dry pendant sprinkler heads installed throughout the facility. The comment indicated the dry pendant type heads were over ten years old. They should have been sample tested to ensure they were still functioning correctly. Those special type sprinkler heads were more susceptible to malfunction and should have been tested on a more frequent preventative maintenance schedule.</p> <p>Interview with the director of plant observations at the time of the above record review revealed he was aware of the comment. He believed Western States was doing the testing. He was informed</p>	K 062	<p>Monthly audits of sprinkler heads for corrosion and cleanliness will be conducted by the Director of Plant Operations.</p> <p>Audits will be reported quarterly to the QA Committee by the Director of Plant Operations or designee until advised by the committee to discontinue reporting.</p> <p>3. All of the dry pendant sprinkler heads will be replaced by Jan. 31, 2016.</p> <p>A preventative maintenance plan will be implemented by the Director of Plant Operations for recommended sample testing of the dry pendant sprinkler heads within 10 years.</p> <p>A quarterly inspection of the sprinkler system will be completed by Western States. Quarterly inspections, recommendations and completion of recommendations will be reported to the QA Committee by the Director of Plant Operations until advised by the Committee to discontinue reporting.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 3A - NORTHWEST WING B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2015
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
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K 062	Continued From page 2 Western States does not do testing of sprinkler heads and a third party testing agency would need to be contacted to provide the testing.	K 062			

ORIGINAL

PRINTED: 11/19/2015
FORM APPROVED

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10590	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2015
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NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMEI	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 N JAY STREET ABERDEEN, SD 57401
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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) COMPLETE DATE
S 000	Compliance/Noncompliance Statement Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 11/16/15 through 11/18/15. Avera Mother Joseph Manor Retirement Community was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement Surveyor: 16385 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 11/16/15 through 11/18/15. Avera Mother Joseph Manor Retirement Community was found in compliance.	S 000		

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

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 1