

Jim Doyle  
Governor

Karen E. Timberlake  
Secretary



State of Wisconsin  
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHERN REGIONAL OFFICE  
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RHINELANDER WI 54501

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May 1, 2009

**CERTIFIED MAIL**

Jerry Frese, Administrator  
Marywood Conv Ctr  
1821 N 4th Ave  
Wausau, WI 54401

RE: License #: 2674  
Summary of IDR Conference, Event ID #: Z7Y821

Dear Mr. Frese:

An Informal Dispute Resolution review relating to the above Statement of Deficiencies (SOD) was conducted by MPRO on April 27, 2009. A copy of the MPRO Independent Review Recommendation form is enclosed for your records. The Division of Quality Assurance has reviewed the MPRO recommendations and concurs with their findings.

At your request, we are issuing the facility a clean SOD which reflects these actions, and also enclosed is a copy of the first page showing removal of the current SOD.

If you have any questions regarding these actions, please contact me at 715-365-2801.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Radtke" with a small flourish at the end.

Jessica Radtke  
Interim Regional Field Operations Director  
Bureau of Nursing Home Resident Care  
Northern Regional Office

cc: Bureau of Technology, Licensing and Education files  
Centers for Medicare & Medicaid Services

Encl.

Wisconsin.gov

05/05/2009 11:38 17156754051

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

PRINTED: 05/01/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>625503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARYWOOD CONV CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1821 N 4TH AVE WAUSAU, WI 54401</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 22947</p> <p>A Standard Recertification Survey for Life Safety Code compliance was conducted by DQA on March 31, 2009.</p> <p>The applicable regulations: 42 CFR 483.70 Physical Environment is Met 42 CFR 483.70(a) Safety from Fire is Met NFPA 101 Life Safety Code 2000 (E) is Met</p> <p>HFS 132.82 Wisconsin Rules for Nursing Homes.</p> <p>This single story fully sprinkled Type V (111) structure was constructed in 1982. There is no basement. The building has a corridor smoke detection system. The facility has a capacity of 90 with a census of 80 at the time of survey.</p> <p>The facility has a capacity of 90 beds with a census of 81 on the day of survey. No Life Safety code citations were issued as a result of a recertification survey conducted on March 31, 2009.</p> <p>This statement of deficiency has been revised as a result of the Informal Dispute Resolution process.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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 and plans of correction are disclosable 14 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.

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

PRINTED: 04/13/2009  
FORM APPROVED  
OMB NO. 0938-0391

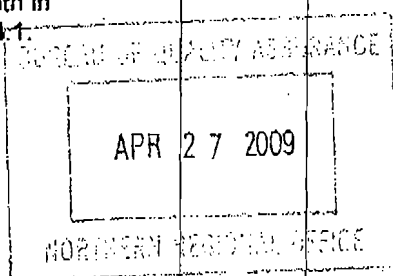
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525503	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  03/31/2009
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NAME OF PROVIDER OR SUPPLIER  MARYWOOD CONV CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 N 4TH AVE WAUSAU, WI 54401	CERTIFIED MAIL DATE: 4/5/09
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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	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 22947 A Standard Recertification Survey for Life Safety Code compliance was conducted by DQA on March 31, 2009.</p> <p>The applicable regulations: 42 CFR 483.70 Physical Environment is not Met 42 CFR 483.70(a) Safety from Fire is not Met NFPA 101 Life Safety Code 2000 (E) is not Met</p> <p>HFS 132.82 Wisconsin Rules for Nursing Homes.</p> <p>This single story fully sprinkled Type V (111) structure was constructed in 1982. There is no basement. The building has a corridor smoke detection system. The facility has a capacity of 90 with a census of 80 at the time of survey.</p> <p>The facility has a capacity of 90 beds with a census of 81 on the day of survey. One Life Safety code citation was issued as a result of a recertification survey conducted on March 31, 2009.</p>	K 000	<p>Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission against Marywood Convalescent Center, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by Marywood of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
K 144 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144		

*Will answer due to ID*  
*5/4/09 mb*



This STANDARD is not met as evidenced by:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Adm</i>	(X6) DATE <i>4/23/09</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.

**ORIGINAL**

**MPRO INDEPENDENT REVIEW RECOMMENDATION  
Informal Dispute Resolution Contract**

**Submitted to Wisconsin Regional Office**



Tag Number: K 144 SS = F

Tracking No: Z7Y821

**Review Recommendation: The citation is deleted in its entirety.**

***K 144 - NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1.***

**This code is an inspection and testing requirement. The citation contains no references to the facility deficiencies related to the required testing and logging of the tests as needed to demonstrate compliance.**

The Minnesota Department of Health website provides the following document regarding NFPA 99 and NFPA 110 and back-up generators:

**<http://www.health.state.mn.us/divs/fpc/Gensets2.pdf> offers the following: In order to follow the requirements in NFPA 99 and NFPA 110, you need to know the classification systems used by those standards:**

1. Let's take a look at NFPA 99 first:
  - a. NFPA 99 treats emergency generators as part of an essential electrical system (EES) which is defined as, "A system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and functions of a health care facility during disruption of normal power sources, and also to minimize disruption within the internal wiring system." [See NFPA 99(99), Chapter 2, *Definitions*].
  - b. NFPA 99 breaks essential electrical systems down into three categories - Type 1, Type 2 and Type 3. Basically, the services provided by a facility determine the type of EES required as follows:
    - NFPA 99(99), Sec. 12-3.3.2 requires essential electrical systems in hospitals to conform to Type 1 system requirements.
    - NFPA 99(99), Sec. 16-3.3.2 requires essential electrical systems in nursing homes to conform to Type 2 system requirements. **By exception, however, Type 3 systems are allowed in nursing homes that do not provide life support (e.g. ventilators).**

2. NFPA 110, on the other hand, treats emergency generators as part of an emergency power supply system (EPSS).
- a. There are two important definitions to keep in mind [see NFPA 110(99), Chapter 2]:
- *Emergency Power Supply (EPS)*: "The source of electric power of the required capacity and quality for an emergency power supply system (EPSS), including all the related electrical and mechanical components of the proper size and/or capacity required for the generation of the required electrical power at the EPS output terminals."  
A further explanation can be found in the Appendix [see NFPA 110(99), Sec. A-2-1]: "For rotary energy converters, components of an EPS include the following: prime mover, cooling system, generator, excitation system, starting system, control system, fuel system, and lube system, if required."
  - *Emergency Power Supply System (EPSS)*: "A complete functioning system of an EPS coupled to a system that can consist of conductors, disconnecting means, and overcurrent protective devices, transfer switches, and all control, supervisory, and support devices up to and including the load terminals of the transfer equipment needed for the system to operate as a safe and reliable source of electrical power."
- b. NFPA 110 breaks emergency power supply systems down into two categories - Level 1 and Level 2. Once you know the NFPA 99 classification of your emergency generator (i.e. Type 1, Type 2 or Type 3), that standard tells you where your generator fits into NFPA 110.
- NFPA 99(99), Sec. 3-4.1.1.4 specifies that:
- Type 1 and Type 2 essential electrical system power sources shall be classified as Level 1 generator sets per NFPA 110.
  - Type 3 essential electrical system power sources shall be classified as Level 2 generator sets per NFPA 110.

**The facility admission contract under # 43 states, "Marywood does not admit or retain residents who need to be sustained by life support equipment." This is significant in that it demonstrates the facility fits the definition of the Type 3 EES standards.**

NFPA 99, 16-3.3.2: "Essential electrical systems shall conform to the Type 2 systems as described in Chapter 3.

**Exception:** Any freestanding nursing home that: (a) Maintains admitting and discharge policies that preclude the provision of care for any patient or resident who needs to be sustained by electrical life support equipment, and  
(b) Offer no surgical treatment requiring general anesthesia, and  
(c) Provides an automatic battery powered system or equipment that will be effective for at least 1 ½ hours and is otherwise in accordance with NFPA 101, Life Safety Code, and NFPA 70, National Electrical Code, and that will be capable of supplying lighting of at least 1 ft-candle to exit lights, exit corridors, stairways, nursing stations, medication preparation areas, boiler rooms, and communication areas. This system must also supply power to operate all alarm systems."

The above exceptions are all met by the facility provided information. Furthermore, NFPA 99, 16-3.3.2.1: "Nursing Homes that meet the requirement in Exception to 16-3.3.2 shall be permitted to use a battery system or self contained battery integral with equipment in lieu of the alternate power source required in 3-4.1.1.3." The facility does not use, but could if they choose, the permitted battery system but instead uses a generator as described in 3-4.1.1.3 which is above and beyond the requirements.

In fact, if the facility did not meet the requirement related to fuel systems this facility should have been cited at K 146 which states, "The nursing home/hospice with no life support equipment shall have an alternate source of power separate and independent from the normal source that will be effective for minimum of 1 1/2 hour after loss of the normal source NFPA 99, 3.6.3.1.1

The facility is in compliance with the requirements of K 146 also.

NFPA 99, 3-4.1.1.3: "The alternate source of power shall be generator driven by some form of prime mover and located on the premises."

The facility has a generator that is powered by natural gas as its "prime mover".

NFPA 110, 3-1.1: "The following energy sources shall be permitted for use for the emergency power supply (EPS):

- (a) \*Liquid petroleum products at atmospheric pressure
- (b) Liquefied petroleum gas (liquid or vapor withdrawal)
- (c) Natural or synthetic gas

Exception: For Level 1 installations in locations where the probability of interruptions of off-site fuel supplies is high (e.g. due to earthquake, flood damage, or a demonstrated utility unreliability), On-site fuel storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source."

The facility system is a Level 2 installation as required in NFPA 99, 3-4.1.1.4 and the onsite back up fuel storage requirement does not apply.

Therefore given all the above data the facility is in compliance with the requirement and the citation is deleted in its entirety.

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IDR Primary Reviewer Number: 3999

Date Completed: 4/27/2009