STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355096	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/17/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANETA PARKVIEW HEALTH CTR	**113 5TH ST S** **ANETA, ND 58212**

(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 This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with protection by a dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An addition of Type V (111) construction was attached to the northwest side of the existing building in 2014. The 2014 addition was surveyed using Chapter 18 of the Life Safety Code.	K 000		
K 017	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		8/4/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/25/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 017	Continued From page 1 This STANDARD is not met as evidenced by: Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. 19.3.6.1. Exception: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. The facility failed to separate other areas from corridors in accordance with 19.3.6.1. Observation determined the Copy Room in the	K 017	K017 1)A smoke detector will be placed in copy room of Administrative wing and wired into the fire system by 3D Security prior to 8/1/15. 2)All resident may be affected. 3) Testing of the smoke detector will be completed at time of installation. 4)Paperwork from 3D will be obtained by the maintenance director and reviewed by the QA coordinator. No further review will be required.	

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K 017	Continued From page 2 Administration Wing did not have a door separating the room from the corridor and did not have automatic smoke detection or was not located to allow direct supervision by the facility staff from a nurses' station or similar space. Failure to separate corridors from other areas in accordance with 19.3.6.1 increases the risk of death or injury due to fire. This deficiency affected one (1) of eight (8) exit corridors in the facility.	K 017		
K 038	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 7.2.1.5.1. The facility failed to ensure exit access was readily accessible at all times. Observation determined the facility had not ensured that doors in the means of egress were not locked against egress when the building was occupied. The northwest and northeast exit doors from the	K 038	K038 1) Corrective action was accomplished by disarming the keypad locks on specified doors on 6/22/15. 2) All residents may be affected. 3) An audit of 2 specified doors was completed by the Administrator on 6/26/15. 4) The audit will be reviewed by the QA coordinator. No further review is required.	8/4/15

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K 038	Continued From page 3 new addition required a keypad to open the door. The doors were not equipped with a delayed egress feature. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of eight (8) designated exits in the facility. Ref: 2000 NFPA 101 Section 18.2.2.2.4, 7.2.1.6.2	K 038		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13. Ordinary-temperature-rated sprinklers shall be used throughout buildings. NFPA 13, Section 5-3.1.5	K 056	K056 1) Corrective action was complete on 6/22/15 by changing sprinkler heads to ordinary temperature rating. 2) All residents may be affected. 3) An audit of specified sprinkler heads was completed	8/4/15

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K 056	Continued From page 4 The facility failed to provide ordinary-temperature-rated sprinklers throughout the building. Observation determined intermediate-temperature-rated sprinklers were installed in the Mechanical Room of the 2014 addition. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056	6/26/15 by the Administrator. 4) Audit will be reviewed by the QA Coordinator. No further review is required.	