STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355091	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**11/16/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MEDICAL CENTER NURSING HOME	**612 CENTER AVE N** **ASHLEY, ND 58413**

(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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story combined Hospital and Long Term Care building of Type II (000) construction that was separated from residential living apartments with a two-hour fire resistance rated occupancy separation. The building was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. 19.2.3.4. Where the corridor width is at least 8 feet in	K 211	K 211: It is the policy of the Ashley Medical Center that the facility must ensure that aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with NFPA 101 Means of Egress – General.	12/1/16

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

Electronically Signed | 12/01/2016

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K 211	Continued From page 1 width, projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met: (a) The fixed furniture is securely attached to the floor or to the wall. (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft. (c) The fixed furniture is located only on one side of the corridor. (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 sq ft.. (e) The fixed furniture groupings are separated from each other by a distance of at least 10 ft. (f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment. (g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (h) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system. Observation determined: 1) Two (2) chairs located in the second floor corridor adjacent to the entrance to the Dining Room were not fixed to the wall or floor. 2) Two (2) chairs located in the second floor corridor adjacent to the entrance to the Soiled Utility Room were not fixed to the wall or floor. 3) A water fountain located on the second floor projected from the wall into the corridor a greater distance than 4 ½ inches from the wall.	K 211	The two (2) chairs located in the second floor corridor adjacent to the entrance to the Dining Room have been fastened to the floor. The two (2) chairs located in the second floor corridor adjacent to the entrance to the Soiled Utility Room have been fastened to the floor. The water fountain located on the second floor has been removed. Means of egress will be continuously maintained free of all obstructions or impediments to full instant use in the case of a fire or other emergency. Environmental service director will monitor it for compliance. A QA will be done quarterly for one year. Responsible Parties: Environmental Service Director.	

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K 211	Continued From page 2 This deficiency affected exit access to one (1) of one (1) exit corridor on the second floor of the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. This deficiency affected exit access from the second floor exit corridor of the facility.	K 211		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 STANDARD is not met as evidenced by: Ordinary temperature rated sprinklers must be used throughout buildings. NFPA Standard for the Installation of Sprinkler Systems 2010 Edition. 8.3.1.1 and 8.3.2.1.	K 353	K 353: It is the policy of the Ashley Medical Center that the facility must ensure the	12/1/16

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K 353	Continued From page 3 The facility has not ensured automatic sprinkler protection for complete building coverage. Observation determined the two (2) of three (3) sprinklers in the first floor Mechanical Room were ordinary rated, and one (1) was intermediate temperature rated. Intermediate rated sprinklers are to be used only when the maximum ceiling temperature exceeds 150 degrees Fahrenheit. The contents in these rooms do not warrant treatment as intermediate or extra hazard occupancy because there is no fuel-fired equipment located in this room.	K 353	automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25. This has been done with the installation of one (1) ordinary-temperature-rated sprinkler heads in first floor Mechanical Room, replacing the intermediate-temperature- rated heads. Environmental service director will monitor rest of building for compliance. A QA will be done quarterly for one year. Responsible Parties: Environmental Service Director.	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment procedure. NFPA 99, 4.1, 4.2.	K 901	K 901: The Ashley Medical Center will ensure that that the building systems meet Category 1 through Category 4 as detailed in NFPA 99.	12/1/16

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K 901	Continued From page 4 The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	The Director of Environmental Services along with the Administrator/CEO conducted a Building System Risk Assessment on all facility systems of the Ashley Medical Center. Each system was evaluated for its potential impact to both the patients and caregivers should the system fail. All systems were categorized into one of the 4 categories as listed in NFPA 99, 4.1. A risk assessment with mitigation was performed on all systems evaluating the risk to patients and staff in accordance with NFPA 99, 4.2. Environmental Services Director will continually monitor facilities for any new systems or fundamental changes to current systems that would need to be assessed. A QA will be done quarterly for one year. Responsible Parties: Environmental Service Director	