STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355091	A. BUILDING 01 MAIN BUILDING 01 B. WING	12/21/2010

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 2000 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). The facility is located in a two-story combined Hospital and Long Term Care building of Type II (000) construction that is separated from residential living apartments with a 2 hour fire resistance rated occupancy separation. The building is protected by a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 Note: CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness.	K 045	It is the policy of the Ashley Medical Center that the illumination lighting system will be arranged to provide the required illumination automatically. Light fixtures that illuminate the north, northeast, and east central exit discharge areas will be replaced with a light fixture equipped with two incandescent bulbs, so that if one burns out, the other will still illuminate the exit discharges. The light fixtures were ordered on 12-27-10. The light fixtures ill be installed by 02-01-11. A QA study will be done on the illumination of the light fixtures by entry ways on a quarterly basis. Responsible Party: Environmental Director	02-04-11

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

Darlene L Dietz | Admin/CEO | 12-30-10

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 045	Continued From page 1 Observation determined the exterior of three (3) of the five (5) exits was illuminated with a single-bulb light fixture. The light fixtures that illuminated the north, northeast, and east central exit discharge areas were single-bulb light fixtures.	K 045		
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications.	K 054	It is the policy of the Ashley Medical Center that all required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. The four smoke detectors that were replaced in December, 2009, will be sensitivity checked by Audio System by 02-01-11. The sensitivity testing on smoke detectors will be put on an every other year rotation schedule. The next sensitivity testing will be done in 2011. Every new smoke detector installed will get a sensitivity check within one year of installation and then put in rotation with the rest of the smoke detectors. A QA study will be done on smoke detectors and the proper documentation annually for two years. Responsible Party: Environmental Director	02-04-11

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K 054	Continued From page 2 Review of the fire alarm test results indicated the smoke detection system did not have sensitivity testing at frequencies in compliance with the minimum requirements of NFPA 72. The test records indicated the smoke detectors were sensitivity tested in November, 2009. During the 2009 sensitivity test four smoke detectors failed the sensitivity test and were replaced in December, 2009. The facility failed to conduct a sensitivity test on the new smoke detectors within 365 days of installation.	K 054		
K 144 SS=F	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 STANDARD is not met as evidenced by: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not being documented.	K 144	It is the policy of the Ashley Medical Center to inspect the generator weekly and exercise it under load for 30 minutes per month in accordance with NFPA 99. Generator inspection will be done on a weekly basis and run under a load for 30 minutes once a month and run under a load for 90 minutes once a year. This will be documented as to when done. A QA study will be done on the above procedure on a quarterly basis for one year. Responsible Party: Environmental Director	02-04-11