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 _____	**01/14/2020**

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. Residential living apartments were located on the lower level of the west wing. There was no observable horizontal 2-hour rated floor/ceiling assembly dividing the residential living apartments from the long-term care facilities above. Therefore, the entire building was surveyed as existing healthcare. 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 232 SS=E	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: The facility failed to maintain the means of	K 232	K232	2/28/20

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

Electronically Signed | 01/24/2020

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K 232	Continued From page 1 egress in accordance with Chapter 7 and the ADA, Americans with Disabilities Act. 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. Exception: Projections not more than 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 In addition to the requirements of the Life Safety Code, health care facilities must comply with the requirements of the ADA, including the requirements for protruding objects. The 2010 Standards for Accessible Design generally limit the protrusion of wall-mounted objects into corridors to no more than 4 inches from the wall when the object's leading edge is located more than 27 inches, but not more than 80 inches, above the floor. This requirement protects persons who are blind or have low vision from being injured by bumping into a protruding object that they cannot detect with a cane. Although the Life Safety Code allows 6-inch projections, under the ADA, objects mounted above 27 inches and no more than 80 inches high can only protrude a maximum of 4 inches into the corridor beyond a detectable surface mounted less than 27 inches above the floor (except for certain handrails which may protrude up to 4 1/2 in.) Observation determined four (4) mirrors near the two Nurses Stations, mounted on the corridor walls at approximately 70 inches from the floor,	K 232	It is the policy of the Ashley Medical Center that the facility must ensure the isles, passageways, corridors, exit discharges, exit locations and accessories are in accordance with NFPA 101 means of egress. In accordance with chapter 7 and the ADA-Americans with Disabilities Act. Four mirrors, two located at the hospital and two located skilled nursing facility nurses stations have been removed. Means of egress will be continuously maintained and free of an obstruction. Environmental Director will monitor for compliance. A QA study will be completed on a bi-annual basis for one year. Responsible parties: Environmental Director	

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K 232	Continued From page 2 protruded more than 4 inches from the wall. The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of five (5) smoke compartments in the facility.	K 232		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		2/28/20

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K 324	Continued From page 3 This REQUIREMENT is not met as evidenced by: The facility failed to install, test, and maintain cooking equipment in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Observation and review of documentation determined: 1) On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 7.2.1 At a minimum, this quick check or inspection shall include verification of the following: 1) The extinguishing system is in its proper location. 2) The manual actuators are unobstructed. 3) The tamper indicators and seals are intact. 4) The maintenance tag or certificate is in place. 5) No obvious physical damage or condition exists that might prevent operation. 6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. 7) The nozzle blowoff caps, where provided, are intact and undamaged. 8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 7.2.2 Review of documentation and interview with staff determined the monthly inspections of the wet	K 324	K324 It is the policy of the Ashley Medical Center that the facility must ensure the readily accessible means for manual activation of the fire suppression system. The pull station must be between 42" - 48" above the floor. The current manual activation station was removed and lowered to the measurement of 42" - 48" by Nardini Fire Services on 1-22-2020. Environmental director will monitor for compliance. A QA will be completed on a quarterly basis for one year. Responsible party: Environmental Director K324 It is the policy the Ashley Medical Center to maintain, inspect and test in accordance with NFPA 96 National Fire Alarm and Signaling Code. The kitchen range hood and fire suppression system will be inspected and documented on a monthly basis.	

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	355091	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**01/14/2020**

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K 324	Continued From page 4 chemical extinguishing system in the Kitchen had not been completed in the past year. An outside company did conduct semi-annual inspections of the system. 2) A readily accessible means for manual activation shall be located between 1067 mm and 1219 mm (42 in. and 48 in.) above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. 19.3.2.5.1, 9.2.3, NFPA 96 10.5.1. Observation determined the manual actuation device for the fire-extinguishing system serving the Kitchen exhaust hood was mounted at a height of more than forty-eight (48) inches above the floor. Failure to inspect, maintain, and install the wet chemical extinguishing system in accordance with NFPA 96 increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324	Environmental director will monitor for compliance. The study will be completed on a quarterly basis for one year. A QA will be completed on a quarterly basis for one year. Responsible party: Environmental Director	
K 347 SS=F	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: The facility failed to ensure smoke detectors were installed, maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm	K 347	K347 It is the policy the Ashley Medical Center	2/28/20

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K 347	Continued From page 5 and Signaling Code. In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1 Observation determined smoke detectors throughout the facility were installed within 36 in. of an air supply diffuser or return air opening. Failure to install, maintain, inspect and test the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility.	K 347	to maintain, inspect and test in accordance with NFPA 72 National Fire Alarm and Signaling Code. In space serviced by air handling systems. Detectors shall not be located where airflow prevents operation of the detectors. Seven detectors were found to be less than 36" away from an air handling system. All incorrect smoke detector heads were removed and installed 36" or more from the air handling system on 1-20-2020. Environmental director will monitor for compliance. The study will be completed on a quarterly basis for one year. Responsible party: Environmental Director	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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	K 353		2/28/20

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K 353	Continued From page 6 _____ 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 REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and observation determined quarterly flow tests of the automatic sprinkler system were not completed as required. Records did not indicate a flow test was conducted during the first quarter of 2019. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	K353 It is the policy of the Ashley Medical Center to maintain, inspect and test automatic sprinkler and standpipe systems in accordance with NFPA 25. One test was missed in the first quarter of 2019. Environmental Director will ensure a minimum of one test will be completed per quarter. Director will monitor for compliance. A QA study will be completed on a quarterly basis for one year. Responsible party: Environmental Director	