STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING 01 MAIN BUILDING 01 B. WING	03/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING CENTER OF GARRISON	609 4TH AVE NE GARRISON, ND 58540

(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 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. This facility was located in a one-story building of Type II (000) construction with no automatic sprinkler system. The Fire Safety Evaluation System (FSES) was used as an alternative safety method for K 012 Construction Type and K 017 Corridor Walls. The Benedictine Living Center does not meet the Life Safety Code requirements for minimum construction type and corridor wall construction but does pass the FSES. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the building by August 13, 2013.	K 000		
K 012 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to ensure the appropriate	K 012	Plan of Correction K- 012 SS= C 1) The building has an approved, Approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13. Please see attached sheets. 2) Contractor has installed the approved system. Please see attached sheets. 3) Please see attached sheets. 4) Please see attached sheets. 5) The approved sprinkler system was tested and put into place on 3/28/2013, please see attached sheets. The 03/20/2013 Life Safety Code survey	3/28/13 3/20/13

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

4/2/13

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 012	Continued From page 1 construction type for a one-story health care occupancy. Observation determined the building was of Type II (000) construction and was not protected with an automatic sprinkler system. The Life Safety Code requires existing health care occupancies of this construction type to be protected by an automatic sprinkler system that meets the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 012	used the Fire Safety Evaluation System (FSES) for K 012 to allow the present type of construction of the facility. The facility passes the FSES upon correction of all other deficiencies.	
K 017 SS=C	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 This STANDARD is not met as evidenced by: The facility failed to provide corridors separated from use areas by walls with at least ½ hour fire resistance rating.	K 017	K-017 SS= C 1) These areas are now protected by an approved sprinkler system through-out the building. 2) Please see attached sheets. 3) Please see attached sheets. 4) Please see attached sheets. 5) This sprinkled fire system was In place as of 3/28/2013, please see attached sheets. The 03/20/2013 Life Safety Code survey used the Fire Safety Evaluation System (FSES) for K 017 to allow the present	3/20/13 3/28/13

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K 017	Continued From page 2 Observation determined corridor walls terminated at the suspended ceiling in numerous locations throughout the facility.	K 017	corridor wall construction. The facility passes the FSES upon correction of all other deficiencies.	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure the one (1) smoke barrier within the facility was smoke resisting and had a fire resistance rating of at least one-half hour. Observation determined the smoke barrier had multiple openings around pipes, conduits and low voltage wires penetrating the smoke barrier. These spaces were not properly sealed with appropriate fire sealant materials, existing applications of fire caulk had fallen away, or the installation was incomplete.	K 025	K- 025 SS= B 1) The contractor working in the building will complete this task while on site. 2) All areas being remodeled will be checked prior to the end of construction to assure all smoke barriers are in place. 3) If additional areas are found to be deficient they will be corrected immediately upon observation. 4) If and when other areas are found to be deficient they will be corrected immediately upon observation. 5) The contractor's work will be completed as of 4/15/2013	4/15/13
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire	K 029		

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K 029	Continued From page 3 extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate one (1) of six (6) hazardous areas from other spaces with construction having a one-hour fire resistance rating. Observation determined: 1) Unsealed spaces around a through-wall penetration of the west Boiler Room wall by a hanging channel iron. 2) Unsealed spaces around a through-wall penetration of the east Boiler Room wall by a bar joist that extended in the space above the corridor ceiling.	K 029	K- 029 SS= D 1) Maintenance will correct these listed areas K-029 (1) and K-029 by adding approved material and fire caulking. 2) At the time of bringing these areas in compliance and through general inspections of the building, areas found that need the same attention will be fixed as they are found. 3) As general inspections of the building are made areas found to be deficient will be fixed as they are found. 4) As areas are found they will be noted, logged and dated as to how they are repaired. 5) All areas noted on the survey will be repaired by 4/15/2013 or as found.	4/15/13
K 038 SS=D	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	K 038		

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K 038	Continued From page 4 This STANDARD is not met as evidenced by: At least two acceptable exits, remote from each other, must be provided for each floor or fire section of the building. Signs must be posted adjacent to the latch release device for doors with special locking features indicating the action necessary to activate the release. The sign letters must be at least 1 inch high and 1/8 inch wide stroke on a contrasting background. The facility failed to provide appropriate signs adjacent to keypads for exit doors with special locking devices. Observation determined the southwest exit door, one (1) of six (6) exit doors equipped with special locking devices (magnetic locks), lacked a sign in compliance with this requirement. The lettering on the sign was not at least 1 inch high and 1/8 inch wide stroke.	K 038	K-038 SS= D 1) A new sign was made for this door. 2) All doors are checked on a monthly basis for the Wander Guard devices and a column will be added to check for these signs. 3) Al doors are check on a monthly basis for the Wander Guard devices and a column will be added to check for these signs. 4) If we determine issues at the monthly check with signage we replace the sign.. 5) This change is effective 4/1/2013	4/1/13
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. Observation determined the battery-operated	K 046	K- 046 SS= D 1) Will contact our supplier for lights Don Coy and replace the unit. 2) All emergency lighting will be tracked on a monthly check list. 3) Monthly check will be made and logged for all such equipment. 4) Monthly check will be made and if defective equipment is found it will be replaced. 5) New equipment will be in place by 4/15/2013.	4/15/13

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K 046	Continued From page 5 emergency lighting pack located above the generator in the Tractor Room failed to illuminate when tested.	K 046		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: The facility failed to conduct quarterly fire drills on each shift. Fire drill records review indicated a night shift fire drill was not conducted during the fourth quarter of 2012.	K 050	K-050 SS= D 1) Through monthly fire drills. 2) Will follow a sequence listed on the fire alarm sheet, days, afternoons and nights. 3) Will follow the established plan on the fire drill sheet for days, afternoons and nights. 4) Environmental Services Director will monitor the charted fire drill actions. 5) The follow up inspection of the paperwork is now in place as of 3/28/2013.	3/28/13
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of	K 051		

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K 051	Continued From page 6 tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: The fire alarm system must be in compliance with NFPA 72. This standard requires an annunciation panel located at a constantly occupied area. The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with the manufacturer's specifications. NFPA 72, 7-1.1.1. 1) Records review determined the fire alarm system did not have a functional test within the past twelve months. 2) Records review determined the facility failed to test the fire alarm system monthly. The fire alarm system was not tested during the months when night shift (silent) fire drills were conducted.	K 051	K- 051 SS= F 1) Through monthly fire drills. 2) Fire alarm will be tested monthly appropriate to the shift it takes place on. 3) The fire alarm paperwork will include an area to record that a "silent" alarm was conducted with the appropriate space for the audible alarm to take place the next day. 4) All fire drills will be monitored by the Environmental Services Director as of 3/28/2013	3/28/13
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free	K 072		

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

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K 072	Continued From page 7 of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: The facility failed to maintain exit corridors free of all obstructions or impediments to full instant use. Observation determined construction materials were stored in the same location in the west corridor near the north exit. These materials were observed to be in the same location throughout the survey.	K 072	K- 072 SS= D 1) The material in hallway was removed immediately after inspection by the contractor. 2) No material other than what will be used immediately or for the purpose of cares will be in the hallway. 3) Environmental Services Director will monitor hallways. 4) Environmental Services Director will monitor hallways. 5) Material was moved after inspection by contractor. This will be implemented daily starting 3-22-13.	3/22/13
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems The facility failed to provide documentation of a preventive maintenance program for the emergency generator electrical transfer switch.	K 130	K-130 SS= F 1) A new form will be developed Specifically for the generator log. 2) Will review the monthly documents to make sure nothing is overlooked. 3) A new form will be developed specifically for the generator log. 4) A new form will be developed specifically for the generator log. 5) A new for will be developed by 4/30/2013.	4/30/13

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K 130	Continued From page 8 2) The room in which the Emergency Power Supply equipment is located must not be used for storage purposes. NFPA 110, Standard for Emergency and Standby Power Systems 5-11.1. Observation determined the entire room housing the emergency generator had a large amount of combustible storage within three (3) feet of the generator.	K 130	K-130 SS=F 1) The combustible material will be moved. 2) This is the only generator in the facility. 3) A red barrier marking on the floor to remind everyone about the 3' line. 4) Environmental Services Director will monitor the cleanup and the area. 5) Corrective action has begun and will be completed by 4/30/2013.	4/30/13
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure the electrical wiring was maintained in accordance with NFPA 70. Observation determined: 1) The electrical receptacle in use to provide electricity to the aquarium located in the west corridor alcove was not provided with ground fault circuit interrupter (GFCI) protection. 2) The insulation on the cord supplying electricity to the candy vending machine in the Employee Break Room was frayed.	K 147	K- 147 SS=D 1) Contractor will add GFCI in this area. 2) Will check and make sure all areas that need GFCI's have them. 3) Maintenance will monitor any placement of aqueduct or other such equipment in the future. 4) Only maintenance will be allowed to direct these furnishings. 5) A GFCI was added to this area by Nor-Son contractor on 3/28/2013.	3/28/13