STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING 02 - BAPTIST HEALTH CARE CENTER B. WING _____	10/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	3400 NEBRASKA DRIVE BISMARCK, ND 58503

(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 in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type II (111) construction with a partial basement. The facility was protected throughout by an automatic wet sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000	K062 #1 Staff replaced each missing ceiling tile. #2 The entire facility was inspected for missing ceiling tiles and such missing tiles were replaced. #3 Ceiling tiles were removed by contractors in the facility completing work. Maintenance staff will inspect the facility upon the exit of contractors to ensure tiles they removed were put back in place. #4 Plant Operations Director or designee will inspect the facility monthly x3 and review at quarterly QA meeting for necessity of further monitoring. #5 On or before December 5, 2014.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined suspended ceiling tiles were missing in numerous rooms throughout the building. Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, it delays the activation of the automatic fire sprinkler system.	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: August Pemble | TITLE: Administrator | (X6) DATE: 11/3/2014

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 062	Continued From page 1 Failure to maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected numerous locations protected by the automatic sprinkler system, which serves the entire facility. Ref: 2000 NFPA 101 Section 4.6.12.1 Note: The deficiency was corrected before the end of this survey.	K 062	K144 #1 Facility will purchase battery powered emergency lighting to be installed in the Basement Mechanical Room. #2 There are no other portions of the facility that have the potential to be affected. #3 Plant Operations Director or designee will ensure the battery powered emergency lighting is functional by testing the light once monthly for 30 seconds and once yearly for 90 minutes. #4 Plant Operations Director or designee will review the test procedure report and will bring results to quarterly QA meeting. #5 On or before December 5, 2014.	
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 provide emergency lighting at the generator transfer switches as required. Observation determined the generator transfer switches in the Basement Mechanical Room were not provided with battery powered emergency lighting as required. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected two (2) of two (2) transfer switches that provide emergency power for the	K 144		

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K 144	Continued From page 2 facility. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 5-3.1	K 144		