STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING **03 - MAIN BUILDING** B. WING _____	**01/15/2019**

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 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 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. An Assisted Living facility was attached to the southeast side of the nursing home and was separated by an occupancy separation wall having a 2-hour fire resistance rating.	K 000		
K 293 SS=D	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign that is readily visible from any direction of exit access.	K 293	1. The facility failed to ensure that the proper exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by	3/1/19

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

Electronically Signed | 01/25/2019

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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	355058	A. BUILDING **03 - MAIN BUILDING** B. WING _____	**01/15/2019**

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K 293	Continued From page 1 7.10.1.2.1. The facility failed to ensure exits were marked by approved signage that was readily visible from any direction of exit access and that obviously and clearly identified the exit. Observation determined the northwest corridor in the E-Wing on the first floor lacked an exit sign identifying the exit at the south end of the smoke compartment. Failure to provide exit signage as required increases the risk of death or injury due to fire. The deficiency affected exiting from one (1) of six (6) smoke compartments on the first floor.	K 293	emergency lighting system. 2. All other areas of the facility were checked by the Director of Plant Operations and the state surveyor on 01/15/19, as part of the annual Life Safety survey. No other areas of the facility were identified to be out of compliance with 7.10 continuous illumination. The Director of Plant Operations has contacted Frontier Electric to set up a date and requested that they come out and place the necessary exit signs where needed. 3. The Director of Plant Operations or his designee will follow in accordance with 7.10.1.2.1 in any future construction or remodeling. 4. The Director of Plant Operations or designee will monitor all new installations or replacements that may take place at Baptist Health Care Center. 5. Corrective action will be completed on or before 03-01-2019.	