STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING **03** B. WING _____	**11/08/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH & REHAB	**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
E 000	Initial Comments A recertification survey conducted on 11/08/2021 found Baptist Health Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke	K 321		11/30/21

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

Electronically Signed | 11/15/2021

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K 321	Continued From page 1 resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined:	K 321	K321 1. Facility failed to provide work self-closure on two separate doors that contain combustible storage and are greater than 50 square feet. In accordance with NFPA 101 19.3.5.9. 2. 1) Door to dry storage room located in the first floor kitchen. Self-closing hardware will be installed on or before 11/30/2021. 2) Door to the Plant Operations office located on the lower level. All stored combustible materials and shelving will be removed, returning this space to an office. 3. Maintenance staff will be trained by	

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K 321	Continued From page 2 1) The door to the Dry Storage Room in the First Level Kitchen was not equipped with a self-closing device. The Dry Storage Room was more than 50 square feet and was used to store combustible materials. 2) The Door to the Plant Operations Office was not equipped with a self-closing device. The Plant Operations Office was more than 50 square feet and was used to store combustible materials. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 321	the Director of Environmental Services in accordance with NFPA 101 19.3.5.9. 4. The inspection of door closures in storage areas as well as room utilization will be performed monthly. This inspection will we scheduled and trigger from the maintenance care system. The results of the inspection will be documented and made available in the life safety book. The Director of Maintenance will monitor and assure that inspections are preformed, that all new staff are properly trained and that all documentation is properly filed. 5. All corrections will be made on or before 11/30/2021	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and	K 351		11/30/21

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K 351	Continued From page 3 sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Health care facilities shall be protected throughout by an approved, supervised automatic fire sprinkler system. 19.3.5.3, 19.3.5.4, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Sprinkler piping shall be substantially supported from the building structure, which must support the added load of the water-filled pipe plus a minimum of 250 lb applied at the point of hanging. NFPA 13 9.2.1.3.1 1) A sprinkler pipe hanger in the Equipment Storage Room was supported from an overhead door track. The overhead door track was not part of the building structure. 2) A sprinkler pipe hanger in the Receiving Room was supported from an overhead door track. The overhead door track was not part of the building structure. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury or death due to fire. The deficiency affected two (2) of numerous components of the automatic sprinkler system.	K 351	K351 1. Facility failed to install automatic sprinklers in accordance with NFPA 13. In two separate cases sprinkler pipe hangers were found to be attached to the overhead door track which is not part of the building structure. 1) The sprinkler pipe hanger in the lower level equipment storage room. 2) The sprinkler pipe hanger in the lower level receiving room 2. The sprinkler pipe hangers were removed in both cases. Additional support was not added because it was determined that the pipe could support the pipe full of water plus minimum of 250 lbs as stated in NFPA 13 9.2.1.3.1. 3. Maintenance staff will be trained by the Director of Environmental Services on the proper installation of sprinklers as stated in NFPA 13. 4. The inspection of the sprinkler installation will be performed annually. This inspection will we scheduled and trigger from the maintenance care system. The results of the inspection will be documented and made available in the life safety book. The Director of Environmental Services will monitor and assure that inspections are preformed, that all new staff are properly trained and that all documentation is properly filed.	

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K 351	Continued From page 4 The automatic sprinkler system serves the entire facility.	K 351	5. Corrective actions will be completed on or before 11/30/2021.	