STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HOME INC	1100 E BOULEVARD AVE BISMARCK, ND 58501

(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 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a three-story building of Type II (111) construction. The east and south wings (2 of 4) were equipped with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Existing health care occupancies of Type II (111) construction over one-story in height are required to be protected throughout by an NFPA 13 automatic sprinkler system. (K012-1) The corridor walls of the 1st, 2nd, and 3rd floors of the north and northwest wings did not extend to the underside of the floor/ceiling and ceiling/roof assemblies. (K017) The stair enclosures and elevator shafts were not extended to the roof deck with fire-rated wall assemblies that were at least one-hour fire-resistance rated. (K020) Facility compliance for the 5/16/11 Life Safety Code survey for Tag K 012-1, K017, and K 020 used the Fire Safety Evaluation System (FSES). The facility passes the Fire Safety Evaluation System upon correction of all other deficiencies. Note: CMS requires unsprinklered long term care	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bridget Temple	Administrator	5/27/11

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 000	Continued From page 1 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=D	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 was located in a three-story building of Type II (111) construction. The east and south wings were equipped with a wet NFPA 13 automatic sprinkler system. Existing health care occupancies of Type II (111) construction over one-story in height are required to be protected throughout by an NFPA 13 automatic sprinkler system. The facility failed to provide a construction type in compliance with NFPA 101. Observation determined: 1) Lack of sprinkler protection in the north and northwest wings. 2) The floor/ceiling assembly in the second floor Lounge had three recessed can lights that were not fire rated.	K 012	The Fire Safety Evaluation System (FSES) was used for Tag K 012-1 (Building Construction Type) as a component of the 5/16/11 Life Safety Code survey to allow Type II (111) construction without complete fire sprinkler coverage. The facility passes the FSES when all other deficiencies are corrected.	
K 017 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD	K 017		

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K 017	Continued From page 2 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	K 017		
	This STANDARD is not met as evidenced by: In areas not protected by the sprinkler system, corridor walls are required to extend to the deck above. The facility failed to ensure corridors were separated from use areas by walls constructed with at least a 1/2-hour fire resistance rating. Observation determined the corridor walls of the 1st, 2nd, and 3rd floors of the north and northwest wings did not extend to the underside of the floor/ceiling and ceiling/roof assemblies and terminated at a suspended ceiling system with a smoke-tight joint.		The Fire Safety Evaluation System (FSES) was used for Tag K 017 (Corridor Walls) as a component of the 5/16/11 Life Safety Code survey to allow the present corridor wall/ceiling construction within the facility. The facility passes the FSES when all other deficiencies are corrected.	
K 020 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD	K 020		

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K 020	Continued From page 3 Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: The facility failed to maintain the one-hour fire resistive rating of shaft enclosures throughout the building. Observation determined the five (5) stair enclosures and the two (2) elevator shafts were not extended to the roof deck with fire-rated wall assemblies that were at least one-hour fire-resistance rated.	K 020	The Fire Safety Evaluation System (FSES) was used for Tag K 020 (Fire Rated Shaft Enclosures) as a component of the 5/16/11 Life Safety Code survey to allow the present smoke resistive shaft enclosures. The facility passes the FSES when all other deficiencies are corrected.	
K 051 SS=D	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 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,	K 051	K-051 A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Code to provide effective warning of fire in any part of the building. The standard is not met as evidenced by the facility had failed to ensure that the exit passage to the North West wing North East Exit lacked a smoke detector. The exit passage to the North East Exit will have a smoke detector installed. The facility will have a smoke detector installed by a certified electrician/technician and the detector will be inspected by a certified technician, the installation will meet the FFPA 72 National Fire Code.	

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K 051	Continued From page 4 9.6 This STANDARD is not met as evidenced by: The facility failed to ensured all corridors are provided with smoke detection. Observation determined that the Exit Passage to the north west wing North East Exit lacked a smoke detector.	K 051	All smoke detectors are inspected on an annual basis by a certified audio-visual inspector. The report of said inspection will be reviewed at the regular scheduled Quality Assurance meetings. The Smoke Detector annual inspection audit will be conducted in June of 2011 after the smoke detector is installed. The report will be reviewed at the regularly scheduled Quality Assurance meeting, and signed by the facility administrator. The corrective action to have the smoke detector in place will be on or before June 30, 2011.	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Precautionary signs, readable from a distance of 5 feet, must be conspicuously displayed at the site of oxygen administration and oxygen storage. The signs must be attached to adjacent doorways or walls leading to the area. The facility failed to post a sign at the location of oxygen administration. Observation identified an oxygen concentrator in use in Resident Room 308 without signage as required per NFPA 99, Standard for Health Care	K 141	K-041 Non-smoking and no smoking signs in areas where oxygen is used or stored are to be in accordance with 19.3.2.4. NFPA 99, 8.6.4.2. This standard was not met as the facility failed to post a sign at the location of Room 308 where an oxygen concentrator was in use. The facility applied proper signage to the door immediately after the surveyor had noted the sign not being in place. The following measure will be put in place to ensure that the deficient practice will not recur. The facility is a non-smoking facility and has approved signage placed on the outside exit doors stating "tobacco free for all non-employees (visitors, family members, salespeople, vendors, delivery persons,	

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K 141	Continued From page 5 Facilities.	K 141	outside contractors, etc.) and future residents. On Sept 15, 2006 all employees and present residents will be prohibited form using tobacco products on the premises. Signage will also be posted on every resident door frame, lounges and dining areas that states "OXYGEN IN USE' A weekly audit will be done to monitor that the "OXYGEN IN USE" signs are posted on all resident room doors, dining rooms and lounges. Audits will be done once a week for three (3) months, once a month for three (3) months and randomly after that. The audits will be done by unit staff and a report will be presented at all regularly scheduled Quality Assurance Meetings The corrective action to have all signage in place will be on or before June 30, 2011.	