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

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	07/09/2009

RECEIVED JUL 24 2009 Division of Health Facilities

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) and NDAC 33-07-04.2-09(1)(c). 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 and over one-story in height are required to be protected throughout by an NFPA 13 automatic sprinkler system. (K012) 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) Facility compliance for the 7/9/09 Life Safety Code survey for Tag K 012 and K 017 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 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=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vincent Pepple | TITLE: Administrator | (X6) DATE: 7/24/09

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 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 and over one-story in height are required to be protected throughout by an NFPA 13 automatic sprinkler system. 1) The facility failed to provide a construction type in compliance with NFPA 101. Observation determined the lack of sprinkler protection in the north and northwest wings. 2) Observation determined the integrity of the one-hour roof/ceiling assembly in the Boiler Room was not maintained. Unsealed spaces around the flue pipe for the boilers and a hole above the boiler had not been sealed.	K 012	The Fire Safety Evaluation System (FSES) was used for Tag K 012-1 (Building Construction Type) as a component of the 7/9/09 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. 2) Observation determined that the integrity of the one-hour roof/ceiling assembly in the Boiler Room was not maintained, an unsealed space around the flue pipe for the boilers and a hole above the boiler had not been sealed. This will be corrected by placing a wire mesh in as a backing and filling the area with a mortar type plaster. (Cont. on Page 6)	
K 017 SS=B	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,	K 017		

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K 017	Continued From page 2 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: 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.	K 017	The Fire Safety Evaluation System (FSES) was used for Tag K 017 (Corridor Walls) as a component of the 7/9/09 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 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping	K 018	The facility failed to ensure corridor doors were provided with means suitable for keeping the door closed. A 2-north dining room door was equipped with a roller latch. This will be corrected by installing a Shlag lever action latch. The following measures will be put into place or systemic changes will be made to	

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K 018	Continued From page 3 the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: The facility failed to ensure corridor doors were provided with a means suitable for keeping the door closed. Observation determined the 2-North Dining Room door was equipped with a roller latch.	K 018	ensure that the deficient practice does not recur. The Director of Plant Operations or his designee will do an Environmental walkthrough, on a quarterly basis checking all doors in the facility to ensure that there are no roller latches on any doors in the facility. Areas identified as not meeting the standard will be noted and a repair request generated. Plant Operations will be inserviced on the CMS regulations of roller latches being prohibited in all health care facilities. The corrective action will be reviewed at the regular scheduled Quality Assurance meetings to ensure the deficient practice will not recur. The latch will be installed on or before August 23, 2009.	
K 025 SS=E	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:	K 025	The facility failed to ensure two (2) of six (6) smoke barriers were at least one-half hour fire resistant and smoke resistant as evidenced by; 1) The spaces around bar joists in the smoke barrier wall between the 2nd floor Chapel and the corridor were filled with expanding foam. This will be corrected by removing the expanding foam sealant from the spaces around the bar joist. The spaces around the bar joist will be filled with a intumescent caulking.	

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K 025	Continued From page 4 The facility failed to ensure two (2) of six (6) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) The spaces around bar joists in the smoke barrier wall between the 2nd floor Chapel and the corridor were filled with expanding foam insulation. 2) The east wall of the 3rd floor Southview Wing Clean Utility Room (smoke barrier wall) had unsealed spaces around a metal through-wall penetration.	K 025	2) The east wall of the 3rd floor South View Wing Clean Utility Room (smoke barrier wall) had unsealed spaces around a metal through-wall penetration. This will be corrected by sealing the spaces around a metal through-wall penetration with a intumescent caulking. (Continued on page 6 & 7)	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: The facility failed to ensure fixed-heating devices were maintained in a safe operating condition. Observation determined the baseboard electric heater in the third floor Hopper Room was heavily damaged and in a condition of disrepair.	K 130	The facility failed to ensure fixed heating devices were maintained in a safe operating condition, as evidenced by a baseboard electric heater in the third floor Hopper Room was heavily damaged and in a condition of disrepair. It was decided that the heating unit could be removed from the third floor Hopper Room as it was not necessary to heat this room as it is only used for storage. The heater was removed by the maintenance department on July 22, 2009. The director of Plant Operations or his designee will be responsible for completing an Environmental Walkthrough throughout the facility, with one Unit to be done once a quarter. The Quality Assurance monitor will include monitoring the baseboard heater and other equipment in resident rooms, store rooms, utility rooms, dining rooms and nursing stations. (Continued on page 7 & 8)	

K-TAG 012 (2) Continued from Page 2
The following measures will be put in to place or systemic changes will be made to ensure that the deficient practice does not recur. The director of Plant Operations or his designee will complete a visual inspection of any work that has been preformed by outside contractor or Baptist Home employees to ensure that all spaces and holes have been filled properly so as to meet the requirement of ½ hour fire resistance rating. Areas identified as not meeting the standard will be noted and a repair request generated.

Plant Operations will be inserviced on the NFPA compliance guidelines and the form that will be used to monitor repair work,

The corrective action will be reviewed at the regular scheduled Quality Assurance meetings to ensure the deficient practice will not recur.

The unsealed spaces will be corrected on or before August 23, 2009.

K-Tag 025 (continued from page 5)
The Director of Plant Operations or his designee will do a quarterly check of all smoke barrier walls, one of the items to check will be looking for and removing any expanding foam sealant.

The following measures will be put into

place or systemic changes will be made to ensure that the deficient practice does not recur. The Director of Plant Operations will create a Quality Assurance monitoring tool specific to smoke barriers, looking for and removing any expanding foam sealant and any wall through penetrations, found in the smoke barrier walls.

Plant Operations personnel will be inserviced on what foam sealant is, what it looks like and the importance of following through with Quality Assurance forms and filling them out correctly. The corrective action will be reviewed at the regular scheduled Quality Assurance meeting to ensure the deficient practice will not recur again.

The corrective action was completed on or before August 23, 2009.

K-Tag 130 (continued from page 5)
The following measures will be put into place or systemic changes will be made to ensure that the deficient practice does not recur. The director of Plant Operations will create a Quality Assurance monitoring tool specific to condition of heaters, and other equipment in activity rooms, resident rooms, resident bathrooms, dining areas and all common areas that residents frequent throughout the day. If an area has equipment that might cause harm to a resident the equipment or area will be tagged out until staff and or residents are capable of being

around equipment without receiving an injury.

Baptist Home staff will be re-educated on the importance of filling out potential hazard or work order forms, in order for maintenance personnel to remove, repair, or replace resident equipment that is not safe.
The corrective action was completed on July 22, 2009.