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	07/21/2010

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 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. (K012-1) 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 7/21/10 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 facilities to install an approved, supervised automatic sprinkler system in accordance with the	K 000		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bryant Peeple — TITLE: Administrator — (X6) DATE: 8/5/10

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 ays 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 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 and 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) Spaces around two (2) metal pipes in the floor/ceiling assembly of the 1968 Records Storage Room were not sealed with fire caulking.	K 012	The Fire Safety Evaluation System (FSES) was used for Tag K 012-1 (Building Construction Type) as a component of the 7/21/10 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. K012 2) Brock White has been contacted regarding spaces around two metal pipes in the floor ceiling assembly of the 1968 records storage room. A construction engineer will evaluate the spaces around the two metal pipes and recommend what products should be used to enclose the two spaces. Completion date will be on or before September 10, 2010.	
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	K 017		

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K 017	Continued From page 2 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 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 7/21/10 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 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	K 020		

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K 020	Continued From page 3 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 7/21/10 Life Safety Code survey to allow the present smoke resistive shaft enclosures. The facility passes the FSES when all other deficiencies are corrected.	
K 025 SS=F	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: The facility failed to ensure seven (7) of seven (7) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined the smoke barriers throughout the facility had holes and air duct,	K 025	K025 Smoke barriers are constructed to provide at least one half hour fire resistance rating in accordance with 8.3. The Standard was not met as evidenced by: The facility failed to ensure seven (7) of seven (7) barriers were at least one-half hour fire resistant and smoke resistant. 1. The corrective action will be accomplished by placing intumescent caulking around the electrical conduit and low-voltage wiring penetrations that were not sealed 2. The Director Plant Operations or his designee will be responsible for completing a visual inspection and documenting that any work done that involves the smoke barriers, will be inspected and signed off that all penetrations are sealed. **Continued on Page 8**	

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K 025	Continued From page 4 electrical conduit and low-voltage wiring penetrations that were not sealed with fire rated material.	K 025		
K 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests of the twenty (20) battery-powered light fixtures located throughout the facility were tested since 3/24/10.	K 045	K045 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. The Standard was not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered lighting system for not less than 1 ½ hours. Written records must be kept by the owner. The facility failed to assure maintenance and testing of emergency lighting. 1. The corrective action will be accomplished by the Director of Plant Operations placing on his calendar the date of testing of emergency lighting. *Continued on Page 9*	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are	K 050	K050 Fire drills are held at unexpected times under varying conditions, at least quarterly on every shift. The Standard was not met as evidenced by: The facility failed to conduct quarterly fire drills on each shift.	

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K 050	Continued From page 5 conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: The facility failed to conduct quarterly fire drills on each shift. Record review showed a fire drill was not conducted on the day shift during the first quarter of 2010.	K 050	1. The corrective action will be accomplished by the Director of Plant Operations setting up a yearly calendar of scheduled fire drills for each shift. 2. The Director of Plant Operations or his designee will be responsible to conduct a fire drill on a monthly basis. *Continued on Page 10*	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 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. Sprinkler record review determined the facility failed to conduct quarterly tests and maintenance of the sprinkler system that met the NFPA 25 requirements. The date of the quarterly inspections could not be verified and the activation of the fire alarm during the inspectors test was the only item that was recorded.	K 062	K062 Requires automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected periodically. This Standard was not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continually maintained in reliable operating condition as required by NFPA 25, Standard for the inspection, Testing and Maintenance of Water-based Fire Protection Systems. 1. The corrective action will be accomplished by the Director of Plant Operations setting up a yearly calendar designating the quarterly tests and maintenance of the sprinkler system. 2. The Director of Plant Operations or his designee will be responsible to inspect and test and maintain the water based fire protection system. *Continued on Page 11*	
K 130	NFPA 101 MISCELLANEOUS	K 130		

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K 130 SS=F	Continued From page 6 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch.	K 130	K130 The Standard is not met as evidenced by: Transfer switches must be subjected to a maintenance program including connections, inspection of testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical switch. 1. The corrective will be accomplished by the Director of Plant Operations setting up a yearly calendar designating the quarterly tests and maintenance of the transfer switch. 2. The Director of Plant Operations or his designee will be responsible to inspect test the transfer switches. 3. The quarterly inspections will be completed by the Director of Plant Operations before the Quarterly Quality Assurance meetings to be held in January, April, July and October. Form #51-38 and Form # 51-40, Transfer Switch Maintenance Form and Transfer Switch Inspection Form, will be completed up on inspection of the Transfer Switch. *Continued on Page 12*	

K025 Continued from page 4

3. An Environmental inspection will be completed monthly on all smoke barriers, Baptist Home form #51-42 titled "Smoke Barrier Inspection/Work Audit" will be completed and the person doing the inspection and Director of Plant Operations will co-sign that any penetrations have been sealed.
4. The Director of Plant Operations will present a report monthly to the Quality Assurance Team which is to include the signed inspection sheet.
5. The electrical and low-voltage wiring penetrations will be sealed on or before September 10, 2010.

K045 Continued from page5

2. The Director of Plant Operations or his designee will be responsible to perform a functional test on every emergency light at the 30 day required intervals, and an annual test will be conducted on every required battery – powered lighting system for not less than 1 ½ hour.

3. The Testing of Emergency Devices form # 51-39 will be completed on every emergency light in the facility.

4. The Director of Plant Operations will present monthly audit sheets to the Quality Assurance Team monthly for their review.

5. The Testing of Emergency Devices form #51-39 will be utilized starting August 2020. All emergency lights will have functional testing done on or before September 10, 2010.

K050 Continued from page 6

3. The monthly fire drills will be preformed within the first two weeks of every month on the required shift, with different scenarios presented so as to teach and instruct facility staff.

4. The Director of Plant Operations will present the Fire Drill Report Form # 51-11 to the Quality Assurance Team every month for their review.

5. The fire drill in August will be Performed within the first two weeks in August and the report will be reviewed by the Quality Assurance Team on August 16, 2010.

K062 Continued from Page 6

3. The quarterly inspections will be completed by the Director of Plant Operations before the Quarterly Quality Assurance meetings to be held in January, April, July and October. Form # 51-41 will be completed upon inspection of the testing and maintenance of the sprinkler system.
4. The Director of Plant Operations will present the Testing and Maintenance of Water-based Fire Protection Systems to the Quarterly Quality Assurance Team in the months of January, April, July, and October for their review.
5. The testing of the water-based fire protection system will be completed on or before September 10, 2010, in order for the Director of Plant Operations to have report available for the Quarterly Quality Assurance Meeting

K 130 Continued from Page 7

4. The Director of Plant Operations will present the Testing and Maintenance of Water-based Fire Protection Systems to the Quarterly Quality Assurance Team in the months of January, April, July , and October for their review.

5. The testing and maintenance of the transfer switch will be completed on or before September 10, 2010, in the order for the Director of Plant Operations to have report available for the Quarterly Quality Assurance Meeting.