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	11/14/2012

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) 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 11/14/12 Life Safety Code survey for Tags K 012, K017, and K 020 used the Fire Safety Evaluation System (FSES). The Baptist Home does not meet the Life Safety Code requirements for minimum construction type, corridor wall construction, and vertical shaft construction, but does pass the FSES. A waiver was requested for deficiency Tag K067	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Margaret Kemble | TITLE: administrator | (X6) DATE: 12/7/12

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 (Corridor used for return air) and was granted by CMS Denver Regional Office. The waiver extension was approved until August 13, 2013. 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=B	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 the lack of sprinkler protection in the north and northwest wings.	K 012	The Fire Safety Evaluation System (FSES) was used for Tag K012 (Building Construction Type) as a component of the 11/14/12 Life Safety Code survey to allow Type II (111) construction without complete automatic fire sprinkler coverage. The facility passes the FSES upon correction of all other deficiencies.	11/14/12
K 017	NFPA 101 LIFE SAFETY CODE STANDARD	K 017		11/14/12

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K 017 SS=B	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 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 11/14/12 Life Safety Code survey to allow the present corridor wall/ceiling construction within the facility. The facility passes the FSES upon correction of all other deficiencies.	
K 020	NFPA 101 LIFE SAFETY CODE STANDARD	K 020		11/14/12

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K 020 SS=C	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 had at least one-hour fire-resistance rating.	K 020	The Fire Safety Evaluation System (FSES) was used for Tag K 020 (Fire Rated Shaft Enclosures) as a component of the 11/14/12 Life Safety Code survey to allow the present smoke resistive shaft enclosures. The facility passes the FSES upon correction of all other deficiencies.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by:	K 052	1. Baptist Home has contacted AVI the technical support system that tests and maintains the sensitivity testing of smoke detectors, AVI will come to the facility and complete a sensitivity testing for all smoke detectors in accordance with NFPA 72. 2. The facility will contract with AVI and they (AVI) will do complete and accurate sensitivity testing and maintenance on Baptist Home smoke detection system on alternate years in accordance with NFPA 72.	

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K 052	Continued From page 4 Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors must be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with NFPA 72. Review of the fire alarm test results indicated the smoke detection system was not sensitivity tested at frequencies in compliance with the minimum requirements of NFPA 72. If the smoke detection system does not meet the allowance for five (5) years between testing, the system must be tested at least every two (2) years. The 6/25/12 smoke detector sensitivity test was the only test on record. The facility was unable to provide documentation to verify testing intervals.	K 052	3. AVI will have the Baptist Home on a regular scheduled inspection contract, so as to ensure that inspections are done in a timely manner and with in the requirements of NFPA 72. 4. Director of Plant Operations will report to the Administrator and the Quality Assurance team on a quarterly basis as to the timeliness of the sensitivity testing and maintenance completed by AVI. 5. AVI will have the sensitivity testing completed on or before December 29, 2012.	
K 067 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's	K 067		

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K 067	Continued From page 5 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a balanced engineered return air supply system. The deficient practice affected five of eleven smoke compartments. Observation determined the facility was using the egress corridors for the Northview and the Sunset Wings on the Second and Third Floors as return air plenums below the corridor ceilings with return registers in the egress corridor spaces.	K 067	The facility requested approval of a waiver for deficiency tag K067. A waiver extension was granted by CMS Denver Regional Office. The waiver extension was approved until August 13, 2013. 1. Any power strip/extension cord found in resident room, lounge, utility room or staff office were removed immediately upon being found and maintenance was informed. Maintenance department representative will assess the room were the power strip/extension cord was found, and evaluate the room to find an appropriate plug in for electrical equipment. 2. The facility has initiated an environmental walk through by management on a daily basis Monday through Friday, checking for power strips in resident room, lounges, utility rooms and offices. If a power strip/extension cord is indeed found it will be removed from that room and maintenance informed so they can evaluate the room and finds an appropriate plug in for electrical equipment.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined multiple powerstrips located throughout the facility were used in place of permanent wiring.	K 147		

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K 067	Continued From page 5 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a balanced engineered return air supply system. The deficient practice affected five of eleven smoke compartments. Observation determined the facility was using the egress corridors for the Northview and the Sunset Wings on the Second and Third Floors as return air plenums below the corridor ceilings with return registers in the egress corridor spaces.	K 067	The facility requested approval of a waiver for deficiency tag K067. A waiver extension was granted by CMS Denver Regional Office. The waiver extension was approved until August 13, 2013. 3. The facility has initiated an environmental walk through by management on a daily basis Monday through Friday, checking for power strips in resident room, lounges, utility rooms and offices. If a power strip/extension cord is indeed found it will be removed from that room and maintenance informed so they can evaluate the room and finds an appropriate plug in for electrical equipment. The powerstrips in the clean utility room have been removed and the maintenance department has begun to hard wire in the electrical outlets needed to provide the proper outlets for all electrical needs. 4. Director of Plant Operations will report to the Administrator and the Quality Assurance team on a quarterly basis where the powerstrips were found and how it was corrected.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined multiple powerstrips located throughout the facility were used in place of permanent wiring.	K 147		

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K 067	Continued From page 5 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a balanced engineered return air supply system. The deficient practice affected five of eleven smoke compartments. Observation determined the facility was using the egress corridors for the Northview and the Sunset Wings on the Second and Third Floors as return air plenums below the corridor ceilings with return registers in the egress corridor spaces.	K 067	The facility requested approval of a waiver for deficiency tag K067. A waiver extension was granted by CMS Denver Regional Office. The waiver extension was approved until August 13, 2013.	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined multiple powerstrips located throughout the facility were used in place of permanent wiring.	K 147	5. All power strips will be removed and electrical outlets will be hard wired in, on or before December 29, 2012.	