STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355054	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/13/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST HEALTHCARE SERVS	**802 2ND ST NW** **BOWMAN, ND 58623**

(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 requirements. The facility was located in a one-story building of Type V (000) construction with a partial basement. The building had a wet automatic fire sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. An apartment building was attached to the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4.	K 038	Doors 2, 4 & 5: Door frames will be adjusted accordingly as to not project more than 7¿ into the aisle, corridor, or passageway when fully open. Door frames were adjusted/relocated closer to the hallway side of the wall to allow them to open and not project more than 7¿ into the aisle, corridor, or	11/25/15

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

Electronically Signed | 10/20/2015

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	355054	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/13/2015**

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K 038	Continued From page 1 Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Staff Area in the 100 Wing. 2) The corridor door to the Housekeeping Room in the 200 Wing. 3) The corridor door to the Boiler Room in the 200 Wing. 4) The corridor door to the Linen Room in the 200 Wing. 5) The corridor door to the Custodian Room in the 400 Wing. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire. This deficiency affected five (5) of numerous corridor doors in the means of egress throughout the facility.	K 038	passageway when fully open. Doors were finished with appropriate sheet rock and finishes to provide for a one hour fire barrier. All hand rails and bumper guards have been adjusted to allow doors to swing open to less than 7¿ from the wall. Environmental services staff will visually inspect doors in the facility on a quarterly basis to ensure that these deficient practices do not occur again. These inspections will be recorded and submitted for the next five quarters to be reviewed through our Quality Assurance process which reviews reports on a quarterly basis. Doors 1 & 3: New door closures will be installed to allow the door to have a 180° swing upon opening. New closures were installed to allow for the door to have a 180° degree swing. Hand rails and bumper guards have been shortened, as well, to allow the door to travel the full 180°. When all door projects are completed, photos will be sent to Monte and Kevin showing that the work is complete. Environmental services staff will visually inspect doors in the facility on a quarterly basis to ensure that these deficient practices do not occur again.	

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K 038	Continued From page 2	K 038	These inspections will be recorded and submitted for the next five quarters to be reviewed through our Quality Assurance process which reviews reports on a quarterly basis.	