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
	355046	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN ACRES MANOR	1 E MAIN ST CARRINGTON, ND 58421

(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 one-story building of Type V (000) construction with a partial basement. The facility was protected by a dry/wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An apartment building was attached to the south east side of the building by an enclosed walkway. The apartment building was not included in the survey.	K 000	1. A two hour fire rated wall and door assemblies will be added to the area between Golden Acres Manor and the apartment building Poplar Drive Court. 2. This is the only adjoining wall between these two buildings. 3. Any new construction which includes both buildings will be constructed with two-hour fire rating to ensure compliance with Life Safety Standards. 4. As construction is completed a picture journal will be made of progress in stages to ensure the wall and door assembly have the two hour fire resistant rating between these two occupancies with documentation to be provided by contractor. 5. 4/30/10	
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure complete two-hour fire rated wall and door assemblies between the long term care and the apartment building. Observation determined a wood frame link to the apartment building was attached to the nursing facility at the south wall of the East Wing. A door having a 90-minute fire resistance rating was	K 011		

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

Administrator 2-24-10

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 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 011	Continued From page 1 installed in the non-fire rated exterior wall of the nursing facility to the link. Approximately ten feet into the link from this 90-minute door was a door to the exterior located in the west wall of the link. This exterior door had an exit sign designating it as exit. The link extended southeast approximately ten feet from the exit door to a partition with a wood door and metal frame with no labels indicating their fire resistance. This partition was sheathed with gypsum board on the walls and ceiling. Observation and documentation review determined no documentation was provided that indicated the existence of an occupancy separation wall having a two-hour fire resistance rating between these two occupancies.	K 011	1. A new 45 minute rated door will be installed in the wall between the vehicle storage garage and the facility. 2. Any area of the building that contains hazardous materials has the potential to be affected by this. 3. All hazardous areas of the building will have one-hour fire rated construction or an approved automatic fire extinguishing systems which protects the hazardous area to ensure compliance with Life Safety Code Standards. 4. A photo of the new door along with documentation will be obtained upon completion of instillation. 5. 4/30/10	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure one-hour fire rated construction in accordance with 8.4.1 and 18.3.2.1 protects the hazardous area separation between the new vehicle storage garage and the	K 029		

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K 029	Continued From page 2 nursing facility. Observation determined the door installed in the wall between the vehicle storage garage and the nursing facility was a 90-minute door with a wired-glass vision panel 616 square inches in area. The maximum area of wired-glass allowed in a 90-minute door is 100 square inches. Section 1-7.4. NFPA 80, Standard for Fire Doors and Fire Windows, 1999 Edition.	K 029	1. The sprinkler heads noted to be corroded will be replaced. 2. All areas of the building with high humidity have the potential to be affected by this. 3. The maintenance supervisor will monitor all designated high humidity area sprinkler heads weekly and document results. The QA Committee will be educated on sprinklers head surveillance by Maintenance Supervisor and will monitor the entire facility quarterly with results given to the Maintenance Supervisor. *See attachment A. 4. Administrator will monitor sprinkler head surveillance weekly times one month, monthly times one quarter and quarterly times one year. 5. 4/30/10	
K 062 SS=D	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. Observation determined two (2) sprinklers in the Kitchen Dishwashing Room were corroded and may not operate at the designed temperature.	K 062		