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 _____	02/09/2009

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) and NDAC 33-07-04.2-09(1)(c). The facility is located in a one-story building of Type V (000) construction with a partial basement. The facility is 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 is attached to the south east side of the building by an enclosed walkway. The apartment building was not included in the survey.	K 000		
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 assemblies between the long term care and the enclosed walkway to the apartment building. Observation determined the door between the east wing and the enclosed walkway to the apartments was not a 90 minute fire rated	K 011	K011 1. The corrective action will be accomplished by installing a new 2 hour fire rated door/wall assembly between the LTC and enclosed walkway to the apartment building. 2. Any common wall with a non conforming building has the potential to be affected by this practice. 3. Any new door on a common wall with a non conforming building will be assessed for a 2 hour fire rating. 4. The plant supervisor will monitor the corrective action by checking door fire ratings annually and reporting findings to the safety committee. 5. March 26, 2009.	

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

Administrator | 2-20-09

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.

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 _____	02/09/2009

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 011	Continued From page 1 assembly. Further observation revealed it was the original exterior door.	K 011	K047	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Exits must be marked by approved signage that is readily visible from any direction of exit access and that obviously and clearly identifies the exit. 7.10.1.2 The facility failed to mark exit paths with readily visible signage. Observation determined the East Wing exit from the enclosed walkway to the apartments was not marked by approved signage to clearly identify the path of exit.	K 047	1. The corrective action will be accomplished by installing approved signage that is readily visible from any direction of exit access and that obviously and clearly identifies the east wing exit from closed walkway to the apartments. 2. Any door that is designated as an exit has the potential to be affected by this practice. 3. ALL doorways that are designated exit will have an approved signage that is readily visible from any direction of exit, and will be monitored. The systemic change will include exit pathway being marked as an exit. * See Attachment 4. The plant supervisor will monitor the corrective action biannually and reported to QA Committee. 5. March 26, 2009.	
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 has not ensured the automatic sprinkler system is continuously maintained in a reliable operating condition as required by NFPA	K 062		

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 _____	02/09/2009

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 062	Continued From page 2 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined one of the sprinklers located on the east end of the basement storage room was corroded and may not operate at the designed temperature.	K 062	K062 1. The corrective action will be accomplished by replacing the sprinkler located on the east end of the basement storage room. 2. All area of the building with the sprinkler system has the potential to be affected. 3. The automatic sprinkler system will be monitored to maintain a reliable operating condition as required by the NFPA 25, standards for inspection testing and maintenance of water based fire protection systems. 4. QA Committee will monitor automatic sprinkler system to ensure reliable operating condition quarterly for 1 year, then biannually thereafter. Finding will be reported to environmental service supervisor. 5. March 26, 2009	