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 _____	**02/23/2016**

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 18-New Health Care Occupancies and 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 one-story building of Type V (000) and Type V (111) construction with a partial basement. The facility was protected by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The 400 Wing was Type V (111) construction. Chapter 18 was used for the survey of this area. An apartment building was attached via an enclosed walkway to the southeast side of the building. The apartment building was separated from the nursing facility by an occupancy separation wall designed to have a two-hour fire resistance rating.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls extend to the underside of the floor or roof deck 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 corridor under certain conditions specified in the Code. Gift shops may be	K 017		4/8/16

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

Electronically Signed | 03/08/2016

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 _____	**02/23/2016**

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GOLDEN ACRES MANOR	**1 E MAIN ST** **CARRINGTON, ND 58421**

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K 017	Continued From page 1 separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2, 19.3.6.4, 19.3.6.5 This STANDARD is not met as evidenced by: Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. 19.3.6.1. Exception: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. The facility failed to separate other areas from corridors in accordance with 19.3.6.1.	K 017	1. An automatic smoke detection device will be installed in the area determined to be housekeeping/vending room. 2. Any area not protected by an automatic smoke detection device or directly supervised by facility staff has the potential to be affected by this practice. 3. Any remodeling or new construction will have Life Safety Code and Building Codes reviewed for the type of automated smoke detection device needed for the space being altered or added. 4. Maintenance supervisor or designee will monitor the smoke detection device on a quarterly basis. Simplex-Grinell will complete an annual test of the smoke detection devices. Quality Assurance coordinator will monitor the maintenance record on a quarterly basis times one year. See Attachments: AUTOMATIC SMOKE DETECTOR DEVICE INSPECTION and QUARTERLY SMOKE DETECTOR ASSESSMENT VERIFICATION	

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	355046	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/23/2016**

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

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K 017	Continued From page 2 Observation determined the Housekeeping Office/Vending Room without a door separating the room from the corridor did not have automatic smoke detection and was not located to allow direct supervision by the facility staff from a nurses' station or similar space. Failure to separate corridors from other areas in accordance with 19.3.6.1 increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous exit corridors in the facility.	K 017		
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: 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. 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 Women's Employee Rest Room adjacent to the Central Nurses Station. 2) The corridor door to the Mechanical Room adjacent to the Therapy Room.	K 038	1. The seven doors hung on recessed frames that open outward into the egress corridor will be rehung on a door frame built flush with the corridor wall to ensure door swings are not more than seven inches from the wall when fully opened. 2. Any door that opens into an egress corridor has the potential to be affected by this practice. 3. Maintenance director or designee will inspect all existing egress corridor doors to ensure the door swing is no more then seven inches in from the wall when fully opened and any remodeling or new construction will have doors that swing inward or open to no more then seven	4/8/16

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K 038	Continued From page 3 3) The corridor door to the Women's Employee Rest Room adjacent to the Therapy Room. 4) The corridor door to the Housekeeping Room adjacent to the Therapy Room. 5) The corridor door to the Men's Employee Rest Room adjacent to the Therapy Room. 6) The corridor door to the Basement adjacent to the Therapy Room. 7) The corridor door to the Kitchen Storage Room adjacent to the Therapy Room. This deficiency affected seven (7) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	inches from the wall when fully opened to comply with existing Life Safety Codes. 4. Maintenance director or designee will monitor monthly times one year the swing on the seven doors that open into an egress corridor to ensure they are no more then seven inches from the wall. Quality assurance coordinator will monitor maintenance directors records on a monthly basis time three and quarterly times three. See attachments: DOOR SWING LOG and OUTWARD DOOR SWING ASSESSMENT VERIFICATION	