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 _____	12/14/2010

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 attached by an enclosed walkway to the south east side of the building was separated from the nursing home by a two-hour fire resistive partition.	K 000		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	12-24-10

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 051	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was installed to provide effective warning of fire in any part of the building in accordance with NFPA 72. Observation determined an annunciator panel was not provided at a constantly occupied area. (Nurses Station). The fire alarm annunciator panel was located in the Boiler Room. The annunciation panel must monitor the primary functions of fire alarm panel: a) Audible and visible signals that indicate system trouble. b) Visible signals that indicate which fire alarm zone is in alarm. c) Audible and visible monitor of fire alarm system supervisory signal.	K 051	1. Golden Acres Manor will have Simplex Alarm Company install a remote annunciator panel across the corridor from the Central nurse's station. It will provide all audible and visible signals required in accordance with NFPA 72. 2. This will be the only remote annunciator required under NFPA 72. 3. This systemic change will be made to ensure that the remote annunciator panel will be relocated to a constantly occupied area. 4. This will be the only remote annunciator so all future remodeling plans will include this annunciator remaining functional at this station.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler	K 056	5. 1-28-2011	

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K 056	Continued From page 2 systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the concealed combustible space above the Prairie Nurses Desk dropped ceiling was not protected by the sprinkler system.	K 056	1. Sprinkler heads will be installed to provide coverage to the area above the ceiling tile and below the sheet rocked roof deck at the Prairie Nurse's Station. 2. All other areas that have a suspended ceiling have been inspected and are properly protected. 3. Maintenance will monitor any remodeling and/or construction projects and will consult with the Life Safety Department as to proper sprinkler coverage. 4. All areas that have a suspended ceiling have been inspected and are properly protected. Maintenance will monitor any remodeling and/or construction projects and consult with the Life Safety Department as to proper sprinkler coverage. 5. 1-28-2011	