STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
FEB 24 2010	355039	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/09/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COOPERSTOWN MEDICAL CTR NURSING HOME	1200 ROBERTS AVE NE COOPERSTOWN, ND 58425

(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 42 CFR 483.70(a). The facility was located in a one story building of Type V (000) construction with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall having a two-hour fire resistance rating separates the nursing facility from the attached unsprinklered acute care facility and assisted living apartments.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of two (2) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined that three (3) pipe penetrations in the west smoke barrier were not	K 025	1) All pipe penetrations above west smoke barrier were re-sealed with approved fire rated caulking materials. 2) Smoke barriers have been re-inspected to determine if any additional pipe penetration caulking has come loose or needs repair. 3) Quarterly QA inspections of the smoke barrier system will be done x 3 then semi-annually if no deficient caulking found. 4) Continued QA of smoke barrier system and insure proper materials are being used. 5) 2-26-2010	2-26-2010

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 2-23-10

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 ays 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 025	Continued From page 1 sealed with fire caulking. The pipe penetrations were located above the cross corridor doors.	K 025		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. Observation determined two (2) of the five (5) exterior exits were illuminated with single bulb high pressure sodium light fixtures without quick strike capabilities. The east and north exterior exits are illuminated with single bulb high pressure sodium light fixtures.	K 045	1) Outside lighting fixtures will be replaced with double bulb fixtures with instant start capabilities. 2) All exterior exits were examined to ensure no other high pressure sodium fixtures were in use. 3) Maintenance will insure no contract services replace fixtures without approval of new fixture type. 4) All exterior fixtures are now the correct type and maintenance will continue to monitor daily for bulb replacement. 5) 2-18-2010	2-18-2010
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Where a fire alarm signaling system is serving the occupancy where the extinguishing system is located, the activation of the kitchen hood	K 069		

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K 069	Continued From page 2 automatic fire-extinguishing system must activate the fire alarm signaling system. NFPA 96, 10-6.2 The facility failed to provide a cooking equipment fire extinguishing system in compliance with NFPA 96. Review of the 01/11/10 kitchen hood suppression system test report indicated the kitchen hood extinguishing system was not activating the fire alarm system.	K 069	1) Electrician brought in to finish connecting kitchen hood fire system to fire panel. 2) No other hood systems are in use. 3) Semi-annual testing of hood system will be conducted by contractor and monitored for completion by maintenance. 4) Semi-annual testing and review of contractor reports to insure completion. 5) 2-26-2010	2-26-2010