STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355111	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/28/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKES SUNRISE CARE CENTER	**705 SE 4TH ST** **CROSBY, ND 58730**

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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 findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type V (000) construction that was protected with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and smoke detection throughout the corridor system.	K 000		
K 029	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: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or	K 029	New automatic latching hardware will be applied to the 200 Wing Storage Room and the 400 Wing Soiled Utility Room. The 100 Wing Linen Storage double doors will be sealed off and not accessible from the exit corridor as this affected tag K038 as well. This linen	9/11/15

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

Electronically Signed | 08/06/2015

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K 029	Continued From page 1 automatic-closing. 19.3.2.1 The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined: 1) The door to the 200 Wing Storage Room did not have self-closing hardware. 2) The door to the 100 Wing Linen Storage Room did not have self-closing hardware. 3) The door to the 400 Wing Soiled Utility Room failed to self-close and latch when tested. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected three (3) of numerous hazardous areas in the facility.	K 029	closet has been flipped into a walk in with entrance being from an alternate door that is not in the exit corridor and that has existing and functional automatic latching hardware already. Automatic latching doors will be checked monthly and discussed and documented in the monthly Quality Assurance meeting minutes.	
K 038	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	K 038	The 100 Wing Linen Storage double doors will be sealed off and not accessible from the exit corridor. This linen closet has been flipped into a walk	9/11/15

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K 038	Continued From page 2 than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. The facility failed to ensure exit access was readily accessible at all times. Observation determined the 100 Wing Linen Storage Room double doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. This deficiency affected two (2) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire.	K 038	in with entrance being from an alternate door that is not in the exit corridor and that has existing and functional automatic latching hardware already. Maintenance department has removed the hardware to the doors and latched them to the frame in order to prevent this from recurring. Maintenace will monitor that these doors are secure monthly and will be reported and documented in the monthly Quality Assurance meeting minutes.	
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 ½-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. 7.9.3 Review of records indicated the facility failed to conduct annual 1 ½-hour tests on the emergency battery pack lights throughout the facility.	K 046	Education to maintenance staff was provided 7/28/2015 post survey exit. An annual 90 minute test to emergency battery pack lights will be completed 8/4/2015. This annual 90 minute test to emergency battery pack lights will be added to the weekly Generator Checklist and placed on the Tels list. The weekly Generator Checklist will be reviewed at monthly Quality Assurance meetings to ensure monthly and annual tests are	9/11/15

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K 046	Continued From page 3 Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 046	completed.	
K 062	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: Automatic sprinkler systems are continously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 25, 1-11 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. Record review determined the automatic sprinkler system annual inspection report indicated that a pipe in the Entryway outside needed repair. Observation and interview determined there was a pipe in the combustible overhang at the Main Entrance that had cracked due to water freezing in it and a valve was installed to put the rest of the sprinkler system back in service.	K 062	RFS, LLC was here 7/29/2015 for service and repair to the dry pipe sprinkler system. See attached Report of Inspection, Testing & Maintenance. Quarterly inspections are on the Tels list and next scheduled service dates will be discussed and documented in the monthly Quality Assurance meeting minutes.	9/11/15

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K 062	Continued From page 4 Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected water flow to four (4) of numerous sprinkler heads. The automatic sprinkler system serves the entire building.	K 062		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. NFPA 10 4-4.1 The facility failed to maintain fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the annual maintenance of the portable fire extinguishers in the facility had not been conducted since February 2014. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected all portable fire	K 064	Williston Fire & Safety LLC arrived 7/28/2015 for annual maintenance of the portable fire extinguishers in the facility. See supporting documentation included. This item has been added to the Tels list. The next scheduled service date will be reported and documented each month in the Quality Assurance meeting minutes.	9/11/15

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K 064	Continued From page 5 extinguishers in the facility.	K 064		