STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355069	A. BUILDING 01 - MAIN BUILDING 01 B. WING	02/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE HEARTLAND	620 14TH AVE NE DEVILS LAKE, ND 58301

(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 (2012 addition) and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a building of Type V (000) construction (existing health care occupancy) and Type II (000) construction (new health care occupancy). The building was protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A garage addition of Type II (000) was attached to the original building in 1993. This addition had no automatic sprinkler system and does not meet the requirements for a health care occupancy. According to staff, nursing facility residents do not receive treatment or services in this building. This building was separated from the nursing facility by an occupancy separation wall of two-hour fire resistance rating. This building was not reviewed as a component of this Life Safety Code survey. Note: A time limited waiver was approved until October 30, 2015 for Tag K 012 (construction type) to allow for Type V (000) construction rather than the required Type II (000) construction in the Chapel addition.	K 000		
K 012	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karissa Olson	ADMINISTRATOR	3/12/15

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 012 SS=B	Continued From page 1 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility had not ensured the appropriate construction type for new health care occupancies. Observation determined the new Chapel addition was of Type V (000) construction rather than the required Type II (000) construction. Laminated wood beams providing structural support were observed in the roof/ceiling assembly. There was no documentation available to indicate these wood structural members were fire retardant treated. Failure to ensure the appropriate construction type increases the risk of death or injury due to fire. This deficiency affected one (1) of seven (7) smoke compartments in the facility.	K 012	A time limited waiver was approved until October 30, 2015 for Tag K 012 (construction type) to allow for Type V (000) construction rather than the required Type II (000) construction in the Chapel addition.	
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations,	K 017		

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K 017	Continued From page 2 waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 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: Waiting areas shall be permitted to be open to the corridor, provided that the following criteria are met: (a) Each area does not exceed 600 square feet. (b) The area is equipped with an electronically supervised automatic smoke detection system in accordance with 19.3.4. (c) The area does not obstruct any access to required exits. The facility failed to separate waiting areas from corridors in accordance with 19.3.6.1. Observation determined a Waiting Room, approximately ten (10) feet by twelve (12) feet, located across the exit corridor from the reception area without a door separating the room from the corridor. There was no automatic smoke detection in the Waiting Room. Interview with staff determined the reception desk is manned from 8:00am to 5:00pm.	K 017	1. A smoke detector will be installed in the Waiting Room across the exit corridor from the reception area by Protection Systems and will be tested. 2. The maintenance and facility will check all area for any missing smoke detectors. 3. Maintenance department will monitor all areas to ensure there are no missing detectors. 4. Maintenance will ensure the corrective action will be put in place and in working order. 5. Work will be completed by April 10, 2015.	

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K 017	Continued From page 3 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 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The fire alarm system batteries were load voltage tested by an outside company during the annual inspection on 02/05/2015. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to test and maintain the fire alarm system in accordance with NFPA 72, National Fire Alarm	K 052	1. Facility will implement semiannual testing of fire alarm system batteries (load voltage test). 2. Batteries will be monitored and logged when completed. 3/4. This will be included in test records to be completed semiannually. 5. Corrective action implemented immediately, system tested 2/5/15 and will be due for next test by 8/5/15.	

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K 052	Continued From page 4 Code, increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052		
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 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: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Ordinary-temperature-rated sprinklers shall be used throughout buildings. NFPA 13, Section 5-3.1.5	K 056	1. Advance Fire Protection, the original installers will replace intermediate temperature rated sprinkler in southeast corner of the kitchen with an ordinary temperature rated sprinkler head. 2/3/4. Facility maintenance staff will periodically check sprinkler heads to insure correct heads are installed. 5. Sprinkler head installment will be completed by 4/10/15.	

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K 056	Continued From page 5 The facility failed to provide ordinary-temperature-rated sprinklers throughout the facility. Observation determined an intermediate-temperature-rated sprinkler was located in the southeast corner of the Main Kitchen. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056		
K 062 SS=F	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 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. All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate.	K 062	1. Dakota Fire Protection notified and tested back flow device on 3/5/15. Device passed inspection. 2. No other system in the facility has the potential to be affected by the same deficient practice. 3. System records will be logged so will not occur again. 4. These records will be part of our routine maintenance records. 5. 3/5/15.	

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K 062	Continued From page 6 Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible. On 02/24/2015, no record of the required annual back flow preventer test was available. The deficiency affected one of numerous required tests of the automatic sprinkler system. The automatic sprinkler system provides protection to the entire facility. Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2	K 062		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Maintenance of emergency generator batteries should include checking and recording the value of the specific gravity. NFPA 110, Section A-6-3.6	K 144	1. Battery for generator will be tested weekly for specific gravity and water level and logged. 2. No other system in the facility has the potential to be affected by the same deficient practice. 3. System records will be logged so will not occur again. 4. These records will be part of our routine maintenance records. 5. 2/24/15.	

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K 144	Continued From page 7 Record review and interview of maintenance staff determined the batteries in the emergency generator were not tested for specific gravity. Failure to ensure the emergency generator is in compliance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power for the building.	K 144		