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 _____	**02/02/2016**

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.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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. 18.1.6.2	K 012	1. Eventide Heartland requests a waiver to allow for our heavy timber laminated arches in Type II construction. The	3/18/16

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

Electronically Signed | 02/11/2016

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K 012	Continued From page 1 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	reason for this request is that the 2009 International Building Code allows for heavy timbers in support of a roof requiring a one hour rating. Per the 2009 edition, these would be permitted to be used for roof construction where a 1-hour fire resistance or less is required. We are fully sprinkled and built to this newer Life Safety Code. Laminated wood arches are allowed by the 2009 International Building Code for the construction as well. This request is based on the fact that the health or safety of our residents would not be adversely affected. Further, the cost to have this work done would cause a financial hardship on the facility. 2. The facility will ensure any future construction to be Type II construction. 3. Any new construction will be built to Type II construction. 4. Awaiting waiver approval.	
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: 1) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more	K 038	1. The heater that extended approximately 5" from the corridor wall was removed to be in compliance with 3 1/2" obstruction. a. The storage room door across from 51 will be changed to swing inward.	3/18/16

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	355069	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/02/2016**

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K 038	Continued From page 2 than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 The facility failed to keep corridors free of obstructions. Observation determined a fixed heater that was located in the corridor by Resident Room 50 extended approximately five (5) inches from the corridor wall and protruded into the exit corridor. This deficiency affected exit access to one (1) of eleven (11) exits from the facility. 2) 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. a) The corridor door to the Storage Room across from Resident Room 51. b) The corridor door to the Storage Room by Resident Room 31. c) The corridor door to the Janitor Room across from Resident Room 27. d) The corridor door to the Penthouse in the Memory Care Wing. This deficiency affected four (4) of numerous	K 038	b. The storage room door by room 31 will be removed and a smoke detector will be installed in the room and connected to our Protection Systems monitoring system. c. At the janitor room location across from room 27, the hand rail will be removed for the door to swing outward fully. d. The self closer on the memory care penthouse door has been adjusted to open into the corridor, when released, it fully closes to latched position. 2. The facility will check all doors and corridor obstructions that may have potential for deficiency. 3. The facility will start a Quality Maintenance Schedule to monitor any obstacles in corridors that could be an obstruction. 4. Maintenance staff will monitor corridor obstructions on a quarterly basis and include this information in our quarterly Quality Assurance Meetings.	

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K 038	Continued From page 3 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		
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: System defects and malfunctions shall be corrected. NFPA 72 7-1.1.2 The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Record review indicated the southeast smoke detector in the Therapy Area failed when tested on 01/25/2016 and had not been replaced. Failure to maintain smoke detectors as required increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous smoke detectors in the facility.	K 054	1. The smoke detector will be replaced and tested. 2. Smoke detectors are tested annually by Fire Protection Systems. Facility maintenance staff will ensure all smoke detectors are tested and operating correctly. 3. The facility maintenance staff will confirm with the vendor that all detectors passed inspection and all the paperwork was completed correctly when done annually. 4. The facility maintenance staff will completely go over all paperwork with vendor to ensure all paperwork is correct.	3/18/16