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 _____	**10/26/2016**

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 one-story 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 one-story 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=B	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	K 012		11/8/16

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

Electronically Signed | 11/08/2016

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 _____	**10/26/2016**

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

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K 012	Continued From page 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 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 February 2, 2019 for Tag K 012 (construction type) to allow for Type V (000) construction in the Chapel addition.	
K 054 SS=F	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: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code.	K 054	1. All smoke detectors that are located in a direct airflow nor closer than 3 ft. from an air supply diffuser or return air opening will be relocated to be within the appropriate distance. 2. The facility will check all smoke detectors to ensure they are not located	12/10/16

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	355069	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/26/2016**

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

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K 054	Continued From page 2 Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air flow source. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected four (4) of numerous smoke detectors throughout the facility. The smoke detection system serves the entire facility.	K 054	in a direct airflow nor closer than 3 ft. from an air supply diffuser or return air opening. 3. The facility will check upon installation that newly installed smoke detectors are located as required and all detectors will be checked annually to ensure maintained compliance. 4. The Maintenance Director will direct and monitor the relocation of the smoke detectors to ensure they are not located in a direct airflow nor closer than 3 ft. from an air supply diffuser or return air opening.	