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	10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND CARE CENTER	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 facility is located in a building of Type V (000) construction (existing health care occupancy) and Type II (000) construction (new health care occupancy). The building is 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 has 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 is 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 has not ensured the appropriate construction type for new health care occupancies.	K 012	Heartland Care Center requests a waiver to allow for our heavy timber laminated arches in Type II construction. The reason for this request is that the 2009 Life Safety Code and the 2009 International Building Code allow for heavy timers 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 performed would cause a financial hardship on the facility. The cost is $3,750 for the first application. Further, I am concerned about the ongoing cost as this treatment needs to be re-applied and the identified quality problems in that it is turning a white color. I believe that applying this treatment with no additional safety gain for our residents may cause other problems resulting in ongoing significant cost to the facility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karissa Olson	Administrator	11/28/12

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.

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 _____	10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND CARE CENTER	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 012	Continued From page 1 Observation determined the new Chapel addition is 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.	K 012		