| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355108 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 06/27/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MARYHILL MANOR | 110 HILLCREST DR<br>ENDERLIN, ND 58027 |

| (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<br><br>This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a).<br><br>The facility was located in a one-story building of Type V (111) construction. A partial wet sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems protected the Laundry Room.<br><br>Facility compliance for the 6/27/12 Life Safety Code survey for Tag K 012 (construction type) used the Fire Safety Evaluation System (FSES). The facility passes the FSES. | K 000 | | |
| K 012<br>SS=C | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>The facility has not ensured the building construction type meets the Life Safety Code requirements.<br><br>Observation determined Maryhill Manor is Type V (111) construction and is not protected throughout with an automatic sprinkler system. The Life Safety Code does not allow this type of construction for existing health care occupancies without an automatic sprinkler system. | K 012 | Facility compliance for the 6/27/12 Life Safety Code survey for Tag K 012 used the Fire Safety Evaluation System (FSES). The facility passes the FSES upon correction of all other deficiencies. | |
| K 027<br>SS=E | NFPA 101 LIFE SAFETY CODE STANDARD | K 027 | | |

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

Julie Dunk | Support Service Coord | 7/13/12

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.

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| K 027 | Continued From page 1<br>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to ensure doors located in smoke barrier walls were 20-minute fire rated assemblies. One (1) of four (4) smoke barrier doors were not at least 20-minute fire resistant rated.<br><br>Observation determined the glass in the south door of the set of cross corridor doors in the west smoke barrier was not wire glass or etched as fire rated glass. | K 027 | K-027<br><br>1. The window in the new smoke barrier door was a construction item for our new addition and does not affect any other parts of the building.<br><br>2. The window that did not have the proper fire rating stamp will be replaced with one that does.<br><br>3. The Support Services Coordinator will verify the stamp on the window glass when it is installed. | 8-10-12 |
| K 144<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. | K 144 | | |

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| K 144 | Continued From page 2<br><br>This STANDARD is not met as evidenced by:<br>Maintenance of emergency generator batteries should include checking and recording the value of the specific gravity. NFPA 110, Section A-6-3.6<br><br>The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems.<br><br>Observation determined the battery in the new emergency generator is equipped with non-removable caps so the specific gravity of the battery cannot be checked. | K 144 | K-144<br><br>1. The battery to the emergency generator was a construction item.<br><br>2. The battery in the new emergency generator will be replaced to meet the specifications required.<br><br>3. The maintenance staff will assist with replacing the battery and it will be verified by the Support Services Coordinator. | 8-10-12 |