DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 B. WING	08/11/2009

RECEIVED
AUG 20 2009
Division of Health Facilities

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYHILL MANOR	110 HILLCREST DR 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 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) and NDAC 33-07-04.2-09 (1)(c). The facility was located in a one-story building of Type V (000) 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. Facility compliance for the 8/11/09 Life Safety Code survey for Tag K 012 (construction type) used the Fire Safety Evaluation System (FSES). The facility passes the FSES upon correction of all other deficiencies. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems by August 13, 2013.	K 000		
K 012 SS=C	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 building construction type meets the Life Safety Code requirements.	K 012	Facility compliance for the 8/11/09 Life Safety Code survey for Tag K 012 used the Fire Safety Evaluation System	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Tomlan
TITLE: CFO/Administrator
(X6) DATE: 8/20/09

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	Continued From page 1 Observation determined the construction type of Maryhill Manor is Type V (000) due to numerous holes in the gypsum board ceiling, unprotected ventilation grills, and unprotected speaker penetrations. The building 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	(FSES). The facility passes the FSES upon correction of all other deficiencies.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: An inspection and servicing of the kitchen fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system must be made at least every 6 months by properly trained and qualified persons. All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, must be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. The facility failed to ensure the kitchen automatic extinguishing system was inspected and maintained in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 19.3.2.6, 9.3 Records review determined the automatic gas shut-off for the propane fuel supply to the commercial cooking equipment was not tested	K 069	1. The company that completed the inspection has been contacted to come out and test the automatic gas shut-off for the propane fuel supply to the commercial cooking equipment. 2. All inspection reports were reviewed with the Life Safety surveyor at the time of the survey and no other areas were affected. 3. The Support Services Coordinator (SSC) will thoroughly review all reports from outside inspectors and service providers for completeness. The SSC will initial and date each report when reviewed and will make any necessary follow up contacts needed, noting the date and reason for the contacts on the reports. 4. A Quality Assurance will be completed by the Administrator twice/year (Sept and March) to ensure that inspections have been thoroughly completed.	09-04-09

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K 069	Continued From page 2 during the previous two (2) inspections by the service contractor.	K 069		