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 _____	09/21/2010

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). 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. Facility compliance for the 9/21/10 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 9/21/10 Life Safety Code survey for Tag K 012 used the Fire Safety Evaluation System	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Tomlan | TITLE: CEO/Administrator | (X6) DATE: 10/1/10

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 ays 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 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	(FSES). The facility passes the FSES upon correction of all other deficiencies.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of two (2) smoke barriers was at least one-half hour fire resistant and smoke resistant. Observation determined penetrations consisting of a low-voltage wire and a cluster of electrical conduit in the south smoke barrier were not sealed with fire-rated product installed in accordance with the manufacturer's UL listing.	K 025	K-025 1. Maintenance staff will seal the penetrations through the smoke barrier with fire-rated products installed according to the manufacturer's specifications. 2. Smoke barriers were reviewed with the Life Safety surveyor at the time of the survey and no other areas were affected. 3. Maintenance staff will conduct an inspection of the smoke barriers twice each year to ensure that all penetrations have been sealed with fire-rated products. 4. The twice/annual inspection of the smoke barriers will be documented by the maintenance staff and reviewed by the Support Services Coordinator for completeness.	09-30-10
K 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in	K 045		

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K 045	Continued From page 2 darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 Note: CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. Observation determined: 1) The exterior of one (1) of the six (6) exits was illuminated with a light fixture with a single high pressure sodium bulb without quick strike capabilities. The exterior exit discharge from the Dining Room was illuminated with a single high pressure sodium bulb that was not equipped with quick strike capabilities. 2) The exterior of five (5) of the six (6) exits was illuminated with a single-bulb incandescent light fixture.	K 045	K-045 1. Light fixtures at the exits will be replaced with single long-life bulbs with a quick strike feature or with two bulbs so the exit is not dark if a single bulb fails. 2. All exits were reviewed with the Life Safety surveyor at the time of the survey and all were affected and will be addressed. 3. Any new exits created by a building addition will be equipped with light fixtures that meet this standard. 4. The maintenance staff will conduct a quarterly inspection of the exit lights to check for failed bulbs that need replacement or other issues with illumination.	11-05-10
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA	K 062		

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K 062	Continued From page 3 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Sprinkler record review determined the facility failed to conduct quarterly tests and maintenance of the sprinkler system.	K 062	K-062 1. Maintenance staff will be instructed by the company that performs the annual inspection in proper procedures to test the automatic sprinkler system. 2. Automatic sprinkler systems were reviewed with the Life Safety surveyor at the time of the survey. 3. Maintenance staff will conduct an inspection of the automatic sprinkler system on a quarterly basis to ensure it is maintained in good working. 4. The quarterly inspection of the automatic sprinkler system will be documented by the maintenance staff and reviewed by the Support Services Coordinator for completeness.	11-05-10