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 _____	**09/20/2016**

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 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies, in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type V (111) construction with no basement. A one-story addition was attached to the north side of the existing building in 2012 of Type V (111) construction. The facility was protected throughout by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Note: The 2012 addition was surveyed using Chapter 18.	K 000		
K 054 SS=D	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. Observation determined six (6) of six (6) smoke	K 054	1. The six smoke detectors identified to be within 3 feet of an air supply diffuser in the dining room were removed on 9/27/2016. 2. A walk through of the facility will be completed by the Support Services Coordinator to look at the placement of other smoke detectors and ensure that none are within 3 feet of an air supply	10/7/16

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

Electronically Signed | 09/28/2016

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 _____	**09/20/2016**

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K 054	Continued From page 1 detectors located in the Dining Room were installed within 3 ft. of an air supply diffuser. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of three (3) smoke compartments in the facility. The smoke detection system serves the entire facility.	K 054	diffuser or return air opening. 3. If any air flow devices or smoke detectors are added to the facility, they will be placed the proper distance from air flow sources.	