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 _____	**09/21/2015**

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 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. 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.	K 000		
K 062 SS=F	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 25, 9.7.5 This STANDARD is not met as evidenced by: All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate. Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible. NFPA 25, 9-6.2 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	K 062	It is Maryhill's goal to ensure the safety of all residents and staff members. 1. The Support Services Coordinator will contact the company conducting the backflow tests to arrange the backflow testing as early as they are able. 2. Maryhill's contract with this company will be reviewed by the Administrator and Support Services Coordinator to ensure that the backflow test is included in the contract on an annual basis. 3. The Support Services Coordinator will maintain a file with the backflow testing	10/30/15

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

Electronically Signed | 09/28/2015

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K 062	Continued From page 1 Systems. On 09/21/2015, review of automatic sprinkler records determined the required annual back flow preventer test was last conducted on 08/15/2014, which exceeded twelve (12) months. The deficiency affected one (1) of one (1) annual tests of the backflow preventer, and one (1) of numerous required tests of the automatic sprinkler system. The automatic sprinkler system provides protection to the entire facility.	K 062	reports and will contact the company 11 months after this testing takes place to ensure we are on their schedule for testing again within the 12 month period. 4. A QA will be done by the Support Services Coordinator twice each year to ensure that the automatic sprinkler system tests have been conducted as required.	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 31/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 The facility failed to keep corridors free of obstructions.	K 072	It is Maryhill Manor's goal to maintain clear hallways to provide for safe exits in emergencies. 1. The Support Services Coordinator will contact appropriate companies to explore options for alternative heating systems for this area of the building that will fit within the 3-1/2 inch requirements. 2. A walk-through will be conducted by the Support Services Coordinator and Administrator to determine if there are	11/5/15

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K 072	Continued From page 2 Observation determined a fixed heater that was located below the hand rail in the south corridor extended 10 inches into the corridor. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire. This deficiency affected exit access to one (1) of six (6) exits from the facility.	K 072	any other obstructions that may impede access to the full cooridor for egress. 3. The current heater will be removed and replaced by a system that meets the size requirements. 4. The Support Services Coordinator will conduct a quarterly walk-through to ensure that hallways are maintained free of all obstructions or impediments to egress.	