STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING **03 - BETHANY ON 42ND** B. WING _____	**01/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S** **FARGO, ND 58104**

(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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type II (111) construction. Resident sleeping rooms were located on both floors of the two-story building. An adjacent one-story building of Type II (000) construction was separated from the two-story building with a fire barrier designed to have a two-hour fire resistance rating. The one-story building housed resident services to include a theater, beauty salon, administrative offices and a cafe. A partial basement was beneath this building. The buildings were protected throughout by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Apartment buildings were attached to the west and north sides of the one-story building and were separated by occupancy separation walls having a two-hour fire resistance rating.	K 000		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour	K 321		2/20/19

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

Electronically Signed | 01/15/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING **03 - BETHANY ON 42ND** B. WING _____	**01/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S** **FARGO, ND 58104**

(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 321	Continued From page 1 fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: The facility failed to protect hazardous areas with fire-rated doors as required. Observation determined the corridor door to Rubbish Room T38 was not labeled as a 3/4-hour fire-rated door. Failure to ensure hazardous areas were separated from other spaces by 3/4-hour fire rated doors increases the risk of death or injury	K 321	1)A Fire Door Rating will be provided by the original door supplier that Bethany on 42nd purchased the doors from during construction in 2009. The door has a serial number under the door hinge that the door supplier is tracking specifications through the manufacture. 2)All door in this service corridor were inspected, by the Director of Building	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING **03 - BETHANY ON 42ND** B. WING _____	**01/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S FARGO, ND 58104**

(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 321	Continued From page 2 due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	Service, for fire rating tags and they all had proper labeling. 3)The Director of Building Service will verify we get the proper paperwork and door tag installed by the door supplier. All other doors in this corridor are properly marked for ratings. 4)The CEO will verify that all proper door rating paperwork is supplied to Bethany by the original door supplier.	
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: For ceilings with beam depths equal to or greater than 40 percent of the ceiling height, spot-type detectors shall be located on the ceiling in each beam pocket. NFPA 72: 17.7.3.2.4.2(2)(b) The facility failed to install the smoke detection system in accordance with NFPA 72. Observation determined there was no smoke detector located within a beam pocket in a space open to the corridor across the corridor from the 1804 Club. The beam depth was more than 40 percent of the beam pocket ceiling height. Failure to install smoke detectors in accordance	K 347	1)A smoke detector will be installed in beam pocket across from 1804 club. 2)All other high areas in this corridor were inspected during the survey by the Director of Building Services and they all appear to have smoke detector coverage. 3) Director of Building Services will work with Simplex and Electrical Contractor to place a new device in this location so it will not recur. 4) Director of Building Service will receive verification from Simplex that this new device is operational.	2/20/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING **03 - BETHANY ON 42ND** B. WING _____	**01/08/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S** **FARGO, ND 58104**

(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 347	Continued From page 3 with NFPA 72 increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 347		