STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING 01 - BETHANY ON 42ND B. WING	08/15/2012

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 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type II (000) construction and a two-story building of Type II (111) construction. The one-story building is separated from the two-story building by a wall having a two-hour fire resistance rating. The building was protected throughout by an automatic fire sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. An apartment building was attached to the west side of the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000	**This plan of correction is our allegation of compliance.** **Submission of this Plan of Correction is not an admission by Bethany on 42nd that the Statement of Deficiencies cited are accurate in any respect.**	
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least two hours connecting four stories or more. (One hour for single story building and sprinklered buildings up to three stories in height.) 18.3.1.1. An atrium may be used in accordance with 8.2.2.3.5. This STANDARD is not met as evidenced by: The facility failed to maintain the one-hour fire	K 020	**K020** 1. Building Service staff will seal all areas with the proper fire seal recommended by a Hilti representative. 2. Director of Building Services will check all stair enclosure walls. 3. We have a policy in place for all vendors/contractors to follow which includes filling penetrations. Contractors must sign this before performing work. 4. All contractors must check in with the Director of Building Services and he will monitor work. 5. Work to be completed by September 26, 2012.	9/26/12

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

CEO 8-22-12

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 020	Continued From page 1 resistive rating of the stair enclosures throughout the building. Observation determined the low-voltage wiring and electrical conduit penetrations through the stair enclosure walls throughout the facility were not adequately sealed with fire rated material.	K 020		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-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 in approved 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. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: The facility failed to ensure seven (7) of seven (7) smoke barriers were at least one-hour fire resistant and smoke resistant. Observation determined: 1) The low-voltage wiring and electrical conduit penetrations through the smoke barrier walls throughout the facility were not adequately sealed with fire rated material.	K 025	**K025** 1. Building Service staff will seal and check all conduit and low voltage penetrations. 2. Building Service staff will follow a floor plan of all one hour and smoke resistance barriers and seal openings with fire rated material. 3. We have a policy in place for all vendors/contractors to follow which includes filling penetrations. Contractors must sign this before performing work. 4. All contractors must check in with the Director of Building Services and he will monitor work. 5. Work to be completed by September 26, 2012. **K025 continued** 1. Building Service staff will seal the head of wall joint with the proper fire caulk. 2. Building Service staff will check the other three serving kitchens. 3. Director of Building Services will monitor any work in these areas. 4. Director of Building Services will check all four areas after the repairs have been made to verify proper seal. 5. Work to be completed by September 26, 2012.	9/26/12 9/26/12

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K 025	Continued From page 2 2) The head-of-wall joint between the wall and the floor/ceiling assembly (west wall of Kitchen S142) was not sealed with fire rated material. 3) The air duct penetration through the west wall of Kitchen S142 was not adequately sealed with fire rated material.	K 025	**K025 continued** 1. Building Service staff will hire contractor to sheet rock and seal around duct work. 2. Director of Building Services will check all other kitchenettes. 3. Director of Building Services will monitor work in these areas. 4. All contractors must check in with the Director of Building Services and he will monitor work. 5. Work to be completed by September 26, 2012.	9/26/12
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with one-hour fire resistive rated partitions and self-closing fire-rated door assemblies. Observation determined the low-voltage wiring and electrical conduit penetrations through the hazardous storage room walls throughout the facility were not adequately sealed with fire rated material.	K 029	**K029** 1. Areas will be sealed with proper material. 2. Building Service staff will check other door hold open devices that were installed after initial construction to verify proper installation. 3. We have a policy in place for all vendors/contractors to follow which includes filling penetrations. Contractors must sign this before performing work. 4. All contractors must check in with the Director of Building Services and he will monitor work. 5. Work to be completed by September 26, 2012.	9/26/12
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for	K 130	**K130** 1. We will be implementing the form that we received from the surveyor called "Testing of Emergency Devices". Building services staff will conduct monthly 30 second and annual 90 minute tests.	

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K 130	Continued From page 3 not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests or the 90-minute annual test of the battery-powered lighting located in the Main Electrical Room or the two penthouse mechanical rooms. 2) Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch. 3) Power for alarms, emergency communication systems, and illumination of generator set locations shall be in accordance with the essential electrical system requirements of NFPA 99, Standard for Health Care Facilities. 18.5.1.2 Generator sets installed as an alternate source of power for essential electrical systems shall be designed to meet the requirements of such service. NFPA 99, 3-3.1.1.4 a) Type I and Type II essential electrical system power sources shall be classified as Type 10,	K 130	2. Building services staff will add an additional battery operated light to our generator enclosure and that will also be added to the Testing of Emergency Devices form. Any repairs/remodel must go through the Director of Building Services. 3. Remodeling will be supervised by the Director of Building Services. 4. The Director of Building Services will follow up with staff and monitor. 5. Work to be completed by September 26, 2012. **K130 continued** 1. We will implement a form for quarterly inspection and staff will be trained on the procedure 2. N/A we have only one generator. 3. The Director of Building Services will follow up with staff to be sure the quarterly inspections are being completed. 4. The Director of Building Services will check the completed form. 5. Work to be completed by September 26, 2012.	9/26/12 9/26/12

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K 130	Continued From page 4 Class X, Level 1 generator sets per NFPA 110, Standard for Emergency and Standby Power Systems. b) Type III essential electrical system power sources shall be classified as Type 10, Class X, Level 2 generator sets per NFPA 110, Standard for Emergency and Standby Power Systems. The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. 1999 Edition NFPA 110, Standard for Emergency and Standby Power Systems, Section 5-3.1 The intensity of illumination in the separate building or room housing the EPS equipment for Level 1 shall be 30 ft-candles (32.3 lux), unless otherwise specified by a requirement recognized by the authority having jurisdiction. Exception: This requirement shall not apply to units housed outdoors. 1999 Edition NFPA 110, Standard for Emergency and Standby Power Systems, Section 5-3.2 The facility failed to provide battery-powered emergency lighting in the emergency generator enclosure. Observation determined the emergency generator enclosure located outside the facility (east of the Maintenance Shop) was not equipped with battery pack emergency lighting.	K 130	**K130 continued** 1. We have ordered a battery backup lighting pack to be installed in the generator enclosure. 2. N/A we have only one generator for the campus. 3. If any other generators are installed we will follow NFPA standards. 4. This will be added to our monthly form for testing emergency devices (30 sec./90 min). 5. Work to be completed by September 26, 2012.	9/26/12