STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES	1315 S UNIVERSITY DR FARGO, ND 58103

(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 II (000) construction protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A new addition was constructed at the south end of the existing building. The addition consisted of twelve (12) resident rooms, Physical Therapy, Dining Room and an Internet Café. The building was of noncombustible construction except for the canopy (wood framed combustible construction) located at the building main entry. This combustible exterior canopy was isolated from the remainder of the building by a two-hour fire resistance rated masonry wall. Note: The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care was used for the survey of the new south addition.	K 000	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the Center has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the Center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
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	K 025	K025 1. The unsealed spaces in the southeast smoke barrier wall around two (2) conduits and four (4) cable conduit openings are sealed with fire-rated caulking. The 4" pipe on the south side of the smoke barrier wall of the Social Services Office has been sealed with fire-rated caulking. The unsealed opening in the smoke barrier wall above the corridor by Resident Room #115 has been sealed with fire-rated caulking. The unsealed spaces around the data cables in the smoke barrier wall above the corridor by	4/1/10

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

Administrator | 3/29/10

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 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 025	Continued From page 1 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 four (4) of seven (7) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) Unsealed spaces in the southeast smoke barrier wall between the main corridor and Cozy Cottage. The unsealed spaces were located on both sides of the wall around two (2) conduits and in four (4) cable conduit openings. 2) The south side of the smoke barrier wall of the Social Services Office had unsealed spaces around a 4" pipe. 3) Unsealed openings in the smoke barrier wall above the corridor by Resident Room #115. 4) Unsealed spaces around data cables in the smoke barrier wall above the corridor by Resident Room #96.	K 025	Resident Room #96 has been sealed with fire-rated caulking. 2. All smoke barriers have been inspected for proper fire and smoke resistance. 3. The Maintenance Director or designee will audit the smoke barriers for proper fire and smoke resistant sealant quarterly. 4. The Safety Committee will review the audits to ensure compliance.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038	K038 1. The northwest exit door can fully open free of obstruction. 2. All exit doors have been inspected to ensure that they can fully open without obstruction. 3. The concrete by the northwest exit door will be replaced. 4. The Maintenance Director or designee will audit all exit doors monthly for 3 months and quarterly thereafter to ensure the doors are unobstructed and open fully.	4/1/10

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible. 7.1. Observation determined the northwest exit door was obstructed by an uneven concrete sidewalk and could not be fully opened.	K 038	K056 1. A sprinkler head has been installed in the Physical Therapy storage closet. 2. The Maintenance Director or designee will inspect the facility for any areas of the facility that would need a sprinkler head installed. 3. The deficient practice would not occur after all sprinkler heads are installed. 4. All sprinkler heads installed to provide coverage of facility.	4/1/10
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the lack of sprinkler protection in the Physical Therapy storage closet.	K 056		
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 25, 9.7.5	K 062	K062 1. The sprinkler head in the Kitchen Dishwashing Room has been replaced.	4/1/10

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K 062	Continued From page 3 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. Observation determined one (1) sprinkler in the Kitchen Dishwashing Room was corroded and may not operate at the designed temperature.	K 062	2. All sprinkler heads will be inspected by the Maintenance Director or designee to identify any other sprinkler head(s) that may need replacing. 3. The Maintenance Director or designee will audit sprinkler heads quarterly to identify any sprinkler heads that may need replacing. 4. The Safety Committee will review audits to ensure compliance.	