

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 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. 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. The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care was used for the survey of the new south addition. The findings that follow demonstrate noncompliance with these standards.	K 000	The statement 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 facility has taken or will take the actions set forth in the following Plan of Correction. The following Plan of Correction constitutes the Facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Fire extinguishing systems for commercial cooking operations must meet NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 requires an inspection and servicing of the fire-extinguishing system be made at least	K 069	K069 1. The Maintenance Director or Designee will ensure an inspection and servicing of the fire-extinguishing system is completed every 6 months by double checking documentation before entering in TELS system. 2. Not Applicable 3. The Safety Committee Chairperson or Designee will monitor through the		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Gabriel Durr, Administrator

4-23-13

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 069	Continued From page 1 every 6 months by properly trained and qualified persons. The facility failed to inspect and service the fire-extinguishing system at least every 6 months. Review of the records determined the cooking equipment fire extinguishing system was inspected in February 2012 and March 2013. The time period between February 2012 and March 2013 exceeded 6 months.	K 069	Safety Committee that an inspection and servicing of the fire-extinguishing system is completed every 6 months. 4. The QAA Chairperson or Designee will review every 6 months that the fire-extinguishing system has been inspected and serviced. 5. April 22, 2013		