STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**04/25/2018**

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

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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 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.	K 000		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: The facility failed to provide exit discharge to a public way free of obstructions. Observation determined the sidewalk outside the	K 271	K271 1. The tree branches obstructing the path of travel from the Northwest Exit were removed by the Maintenance	4/26/18

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

Electronically Signed | 05/10/2018

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K 271	Continued From page 1 Northwest Exit had numerous tree branches extending across the sidewalk, obstructing the path of travel to the public way. Failure to provide an unobstructed path of travel from an exit to the public way increases the risk of injury or death due to fire. The deficiency affected one (1) of seven (7) exterior exits from the building.	K 271	Supervisor on 4/26/18. 2. Visual inspection of the path of travel from all other exits was completed by the Maintenance Supervisor on 4/26/18 with no obstruction noted. 3. Quarterly audits of exit pathways will be conducted by the Maintenance Director or designee. 4. Results of these audits will be provided to QA Committee for review and verification that the inspections were completed 5. 4/26/18	
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 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	K 321		6/9/18

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K 321	Continued From page 2 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: No existing life safety code feature shall be removed or reduced where such feature is a requirement for new construction. 4.6.12.2. The facility failed to ensure hazardous areas were enclosed with a 1-hour fire-rated barrier, with a ¾-hour fire-rated door. Observation determined the Mechanical Room in the Southeast Wing contained fuel-fired equipment. The walls were constructed to provide a 1-hour fire-rated barrier with all penetrations sealed with fire caulking. The corridor door to the Mechanical Room was not a ¾-hour fire-rated door. Failure to maintain life safety code features to the requirement that they were constructed increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	K321 1. Contractor (Central Door & Hardware) contacted to install new 1 hour fire rated door to the Mechanical Room on the Southeast Wing. 2. This is the only door out of compliance. 3. Maintenance Supervisor will annually inspect the door to insure that it is not changed. 4. Results of the annual inspection will be provided to QA Committee for review and verification that the door has not been changed. 5. 6/9/18	
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.	K 347		6/8/18

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K 347	Continued From page 3 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined a smoke detector in the South Dining Room was installed within 36 in. of a return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 347	K347 1. The smoke detector in the South Dining Room was moved by the Maintenance Supervisor on 4/26/18. 2. All smoke detectors will be visually inspected to insure that they are not located in a direct airflow or closer than 36 inches from an air supply diffuser or return air opening. 3. Smoke detectors will be audited annually to insure that they are in compliance. 4. Results of the annual inspection will be provided to QA Committee for review and verification that the smoke detectors have not been changed. 5. 6/8/18	
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible	K 363		6/8/18

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K 363	Continued From page 4 materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. 19.3.6.3.5 The facility failed to ensure corridor doors latched into their frames and resisted the passage of smoke.	K 363	K363 1. Contractor (Lynn Johnson Lock & Key) adjusted the doors to the South Dining Room, Employee Lounge and Northwest Dining Room to latch into the door frames on 4/27/18. 2. All doors will be tested by the Maintenance Supervisor to insure that	

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K 363	Continued From page 5 Observation determined the following corridor doors failed to latch into the door frames: 1) The double set of corridor doors to the South Dining Room. 2) The corridor door to the Employee Lounge. 3) The corridor door to the Northwest Dining Room. Failure to ensure corridor doors latch properly increases the risk of death or injury due to fire. The deficiency affected three (3) of numerous corridor doors in the facility.	K 363	they latch securely. 3. Maintenance Supervisor will conduct semi-annual audits on all doors to test for proper latching. 4. Results of the annual inspection will be provided to QA Committee for review and verification that the doors latch properly. 5. 6/8/18	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be	K 923		6/8/18

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K 923	Continued From page 6 handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Cylinders shall be protected from damage by means of the following specific procedures: (1) Oxygen cylinders shall be protected from abnormal mechanical shock, which is liable to damage the cylinder, valve, or safety device. (2) Oxygen cylinders shall not be stored near elevators or gangways or in locations where heavy moving objects will strike them or fall on them. (3) Cylinders shall be protected from tampering by unauthorized individuals. (4) Cylinders or cylinder valves shall not be repaired, painted, or altered. (5) Safety relief devices in valves or cylinders shall not be tampered with. (6) Valve outlets clogged with ice shall be thawed with warm - not boiling - water. (7) A torch flame shall not be permitted, under any circumstances, to come in contact with a cylinder, cylinder valve, or safety device.	K 923	K923 1. The oxygen cylinder was immediately placed into the storage rack on 4/25/18 by the Maintenance Supervisor. 2. No other oxygen cylinders were noted unsecured. 3. Education was provided to staff working on 4/25/18 on the proper storage of oxygen cylinders. All other staff will be educated by 6/8/18. Audits of oxygen cylinder storage will be made weekly for 4 weeks and twice monthly for 4 weeks by the Administrator or Designee. 4. Results of the audits will be provided to QA Committee for review and verification that the cylinders are properly stored. 5. 6/8/18.	

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K 923	Continued From page 7 (8) Sparks and flame shall be kept away from cylinders. (9) Even if they are considered to be empty, cylinders shall not be used as rollers, supports, or for any purpose other than that for which the supplier intended them. (10) Large cylinders (exceeding size E) and containers larger than 45 kg (100 lb) weight shall be transported on a proper hand truck or cart complying with 11.4.3.1. (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. (12) Cylinders shall not be supported by radiators, steam pipes, or heat ducts. NFPA 99, 11.6.2.3. The facility failed to protect oxygen cylinders as required by NFPA 99. Observation determined a freestanding oxygen cylinder in Room 56 was placed on the floor and not secured in a cart, stand, or chain. Failure to secure oxygen cylinders increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous oxygen cylinders in the facility.	K 923		