

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

PRINTED: 09/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047		(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ORIGINAL MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2011	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD ON BROADWAY				STREET ADDRESS, CITY, STATE, ZIP CODE 1351 BROADWAY FARGO, ND 58102			
(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 The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies, was used for this survey in compliance with 42 CFR 483.70(a). The original four-story Rosewood on Broadway building was built in 1957 of Type II (222) construction. A one-story apartment was attached to the east side (north end) in 1987. The apartment is of Type V (000) construction without fire sprinkler protection and is separated from the 1957 building by a two-hour rated fire barrier. The apartment was not included in this survey. Another one-story addition was attached to the east side of the building during the 1980's of Type V (000) construction and protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler systems. This addition houses kitchen storage, a garage, and a chapel that is separated from the 1957 building by a two-hour fire barrier. A four-story addition of Type II (222) construction was attached to the south side of the 1957 building in 2004. A major remodel of the 1957 building was also done during 2004. The entire four-story building of Type II (222) construction is protected with a wet NFPA 13 automatic sprinkler system. Chapter 18 New Health Care Occupancies was used to survey the portion of the first floor south of the cross corridor smoke barrier doors by the elevators as well as the south half of the north smoke compartments and south smoke compartments on the second, third, and fourth floors.			K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

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 000	Continued From page 1 Chapter 19 Existing Health Care Occupancies was used to survey the one story Type V (000) fully sprinklered addition, the portion of the first floor north of the cross corridor smoke barrier doors by the elevators and the north half of the north smoke compartments on the second, third, and fourth floors. At the conclusion of the LSC survey it was determined the facility was in compliance with the standards.	K 000			