STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING **03 - ORIGINAL MAIN BUILDING** B. WING _____	**02/28/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ON BROADWAY	**1351 N 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 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 original four-story Rosewood on Broadway building was built in 1957 of Type II (222) construction. A one-story addition was attached to the east side of the building during the 1980s of Type V (000) construction. This addition housed kitchen storage and a garage and was separated from the 1957 building by an occupancy separation wall having a two-hour fire resistance rating. The kitchen storage and garage addition was not included in this survey. A four-story addition of Type II (222) construction was attached to the south side of the 1957 building in 2004. A one-story addition of Type II (000) construction was attached to the south side of the kitchen storage and garage addition and the east side of the dining room in 2013. This addition housed a chapel that was separated from the kitchen storage and garage addition and the dining room by occupancy separation walls having two-hour fire resistance ratings. A two-story addition of Type II (222) construction was attached to the east side of the 2004 building in 2015.	K 000		

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

Electronically Signed | 03/08/2017

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 The buildings were equipped with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible and unobstructed at all times. 1)During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.3.1 Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the southeast Restroom on the 1st floor. 2) The corridor door to the north Utility Room on the 2nd floor. 3) The corridor door to the Nursing Products Room on the 2nd floor.	K 211	1)Obstructions have been removed and/or self-closures have been installed to ensure all 10 identified corridor doors are able to fully open and do not extend more than 7 inches into the corridor. The projection in the corridor headroom by the Beauty Shop on the 1st floor was reduced as much as possible due to a ceiling beam which cannot be removed. The minimum ceiling height will be 7 feet and the projection will be not lower than 6 feet 8 inches from the finished floor. The headroom in the corridor at the ramp area to the Berg Addition was corrected to provide a minimum ceiling height of 7 feet with light fixtures and projections not less than 6 feet 8 inches from the finished floor.	4/12/17

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K 211	Continued From page 2 4) The corridor door to the south Laundry Room on the 2nd floor. 5) The corridor door to the north Utility Room on the 3rd floor. 6) The corridor door to the Nursing Products Room on the 3rd floor. 7) The corridor door to the south Laundry Room on the 3rd floor. 8) The corridor door to the north Utility Room on the 4th floor. 9) The corridor door to the Nursing Products Room on the 4th floor. 10) The corridor door to the south Laundry Room on the 4th floor. This deficiency affected ten (10) of numerous corridor doors in the means of egress throughout the facility. 2) Means of egress shall be designed and maintained to provide headroom in accordance with NFPA 101, Life Safety Code, and such headroom shall be not less than 7 ft 6 in., with projections from the ceiling not less than 6 ft 8 in. above the finished floor. In existing buildings, the ceiling height shall be not less than 7 ft from the floor, with projections from the ceiling not less than 6 ft 8 in. above the floor. 7.1.5.1, 7.1.5.1(1) Observation determined: 1) The headroom in the corridor by the Beauty Shop on the 1st floor was obstructed by a 5 ft 5 in. header that projected 6 ft 9 in. above the finished floor. 2) The headroom in the corridor at the ramp area to the Berg Addition on the 2nd floor was 6 ft 10 in. above the finished floor.	K 211	2)All corridor doors have been inspected to identify others that may cause an obstruction and corrected to ensure compliance. No other areas are affected by the means of egress minimum ceiling height (headroom). 3)All corridor doors open fully, no other doors are affected by this deficiency. All other areas are compliant with minimum ceiling height in the means of egress. 4)All corridor doors have been corrected and open fully. The corridor by the Beauty Shop on the 1st floor and the corridor at the ramp on the 2nd floor to the Berg Addition have been corrected.	

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K 211	Continued From page 3 3) The headroom in the corridor at the ramp area to the Berg Addition on the 2nd floor was obstructed by two (2) light fixtures that projected 6 ft 6 in. above the finished floor. This deficiency affected headroom in two (2) of numerous corridors in the means of egress throughout the facility. Failure to ensure exit access was readily available and unobstructed at all times increases the risk of death or injury due to fire.	K 211		
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) 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. The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined seventeen (17) smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or return air opening. Failure to install the smoke detection system as required increases the risk of death or injury due to fire.	K 347	1)The seventeen (17) smoke detectors identified as not properly located were corrected by: six (6) of the smoke detectors were replaced with heat detectors, two (2)of the smoke detectors were compliant in there present location next to smoke evac. vents, nine (9) smoke detectors will be relocated to exceed 3 feet from air vents. 2)All smoke detectors were inspected for proper location by Maintenance Director/designee. 3)All smoke detectors are properly located.	4/12/17

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K 347	Continued From page 4 This deficiency affected seventeen (17) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	4)All smoke detectors are properly located per the regulation.	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2 Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	1)A risk assessment of building systems has been completed. 2)The completed risk assessment was submitted to the QAA Committee 3)The risk assessment will be reviewed by the QAA Committee annually. 4)The QAA Committee will ensure the risk assessment is updated if needed.	4/12/17