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	04/10/2013

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 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 was of Type V (000) construction with no automatic fire sprinkler system. The apartment was separated from the 1957 building by an occupancy separation wall having a two-hour fire resistance rating. 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 the 1999 edition of NFPA 13 Standard for the Installation of Sprinkler Systems. This addition housed the kitchen storage, a garage, and a chapel that was separated from the 1957 building by an occupancy separation wall having a two-hour fire resistance rating. 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 four-story building was protected with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13	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 is planning to 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 are to be corrected by the date or dates indicated. K018 1. Automatic flush latching hardware has been installed on the south leaf of three (3) of three (3) Washer/Dryer Room doors on 2nd, 3rd and 4th floors; the north leaf of three (3) of three (3) Linen Room doors on the east side of the corridor on the 2nd, 3rd and 4th floors; and the south leaf of three (3) of three (3) Linen Rooms doors on the west side of the corridor on the 2nd, 3rd and 4th floors.	4/23/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO	4/18/13

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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	355047	A. BUILDING 03 - ORIGINAL MAIN BUILDING B. WING _____	04/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ON BROADWAY	1351 N BROADWAY FARGO, ND 58102

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K 000	Continued From page 1 Standard for the Installation of Sprinkler Systems 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. 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.	K 000	2. All doors will be checked to ensure they automatically latch. 3. Ten doors will be randomly audited monthly for three (3) months and quarterly thereafter for two (2) quarters and as needed thereafter by the Environmental Services Coordinator or designee. 4. Audits will be reviewed at the QA Meeting to ensure compliance.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the corridor doors were provided with hardware to keep the door closed. Observation determined: 1) The south leaf of three (3) of three (3) Washer/Dryer Room doors on the 2nd, 3rd and 4th floors were equipped with manual flush bolt latches rather than the required automatic flush latching hardware. 2) The north leaf of three (3) of three (3) Linen Room doors on the east side of the corridor on the 2nd, 3rd and 4th floors were equipped with manual flush bolt latches rather than the required automatic flush latching hardware. 3) The south leaf of three (3) of three (3) Linen Room doors on the west side of the corridor on the 2nd, 3rd and 4th floors were equipped with manual flush bolt latches rather than the required automatic flush latching hardware.	K 018		