STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING 02 - 2004 ADDITION B. WING	12/30/2014

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 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 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 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 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. 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. It was protected with an	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 facility 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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CFO — (X6) DATE: 1/9/15

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.

emailed 1-13-14

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K 000	Continued From page 1 automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13. 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. 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 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		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to separate additions as required. Observation determined on 12/30/2014, the	K 011	**K011** 1. The door from the Chapel through the two-hour fire resistance rated wall to a storage room has been removed and the door opening has been in-filled to maintain a fire barrier having at least two-hour fire resistance. 2. No other areas of the building are affected.	1/19/15

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ROSEWOOD ON BROADWAY	1351 N BROADWAY FARGO, ND 58102

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K 011	Continued From page 2 communicating opening in the 2 hour fire resistance rated construction separating the Chapel from the garage addition was not in corridors as required. There was a door from the Chapel through the 2 hour fire resistance rated wall to a Storage Room. Only doors that lead to corridors on both sides of the barrier are permitted. The Environmental Services Director acknowledged the finding when the deficiency was identified. Failure to separate additions as required increases the risk of death or injury due to fire. The deficiency affected one of four floors. Ref: 2000 NFPA 101 Section 19.1.1.4.2	K 011	3. No other area exists with a communicating opening through a two-hour fire resistance wall that doesn't lead to a corridor. 4. Any new construction will be reviewed by the Administrator/designee to ensure compliance with communicating openings.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3	K 025	**K025** 1. The penetrations on the second and fourth floors located above the suspended ceiling tiles near the cross corridor doors have been sealed. 2. No other areas were identified as affected. 3. The Environmental Services Coordinator/designee will inspect work performed by an outside contractor to verify that smoke barriers are properly sealed.	1/19/15

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K 025	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure smoke barriers were at least one-hour fire resistant and smoke resistant. Observation determined penetrations through the smoke barriers on the second and fourth floors. The holes were located above the suspended ceiling tiles near the cross corridor doors. The holes ranged from 1 inch to 3 inches in diameter. Failure to maintain the required fire rating in smoke barriers increases the risk of death or injury due to fire. This deficiency affected two (2) of five (5) smoke barriers in the facility.	K 025	4. The Environmental Services Coordinator/designee will audit the smoke barrier areas to ensure they are properly sealed quarterly for a year.	