

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



PRINTED: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355064	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING DIVISION OF LIFE SAFETY AND CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/03/2012
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NAME OF PROVIDER OR SUPPLIER BENEDICTINE LIVING CENTER OF GARRISON	STREET ADDRESS, CITY, STATE, ZIP CODE 609 4TH AVE NE GARRISON, ND 58540
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(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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies, in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. This facility is located in a one-story building of Type II (000) construction with no automatic sprinkler system. The Fire Safety Evaluation System (FSES) was used as an alternative safety method for K 012 Construction Type and K 017 Corridor Walls. The Benedictine Living Center does not meet the Life Safety Code requirements for minimum construction type and corridor wall construction but does pass the FSES. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the building by August 13, 2013.	K 000		
K 012 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility has not ensured the appropriate	K 012	The 04/03/12 Life Safety Code survey	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/19/12
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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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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: U3ZP21 Facility ID: ND136 If continuation sheet Page 2 of 3

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K 017	Continued From page 2 Observation determined corridor walls terminated at the suspended ceiling in numerous locations throughout the facility.	K 017	corridor wall construction. The facility passes the FSES.		