STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING CENTER OF GARRISON	609 4TH AVE NE GARRISON, ND 58540

(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) and NDAC 33-07-04.2-09(1)(c). This facility is located in a one-story building of Type III (200) 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 if all other deficiencies are corrected. 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 construction type for a one story health care	K 012	The 01/27/10 Life Safety Code survey used the Fire Safety Evaluation System	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/10/2010

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 ays 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 012	Continued From page 1 occupancy. Observation determined the building is of Type III (200) construction and is not protected with an automatic sprinkler system. The Life Safety Code requires existing health care occupancies of this construction type to be protected by an automatic sprinkler system meeting the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 012	(FSES) for K 012 to allow the present type of construction of the facility. The facility passes the FSES.	
K 017 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		
	This STANDARD is not met as evidenced by: The facility failed to provide corridors separated from use areas by walls with at least ½ hour fire resistance rating. Observation determined corridor walls terminate		The 01/27/10 Life Safety Code survey used the Fire Safety Evaluation System (FSES) for K 017 to allow the present corridor wall construction. The facility passes the FSES.	

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	355064	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/27/2010

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BENEDICTINE LIVING CENTER OF GARRISON	609 4TH AVE NE GARRISON, ND 58540

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K 017	Continued From page 2 at the suspended ceiling in numerous locations throughout the facility.	K 017		