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

PRINTED: 02/27/2015
FORM APPROVED
OMB NO. 0938-0391

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	02/24/2015

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). The findings that follow demonstrate noncompliance with these standards. This facility was located in a one-story building of Type II (000) construction and was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 012 SS=D	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 failed to ensure the appropriate building construction type. On 02/24/2015, observation and staff interview determined the facility was conducting a renovation of the Main Dining Room that included construction of walls with wood studs in the building classified Type II (000). Failure to maintain the existing construction type as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) smoke compartments in the facility.	K 012	Plan of Correction K- 012 SS= D 1) Walls in the main dining room will be removed. 2) All neighbors would be affected by constructing before authorization. 3) Plans for renovation or construction changes will be submitted to the state for approval. 4) No changes will be made to construction type without state review and approval. 5) Walls in the main dining room will be removed by 4/10/15.	
K 017	NFPA 101 LIFE SAFETY CODE STANDARD	K 017		4/10/15

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

administrator — 3/9/15

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 3-12-15

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K 017 SS=D	Continued From page 1 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 This STANDARD is not met as evidenced by: The facility failed to provide corridor walls that were constructed to resist the passage of smoke. Observation determined the north wall of AHU #2 Room had an 18" x 18" opening in the gypsum board and an unsealed 18 " x 48 " gypsum board patch. Failure to provide corridor walls that resist the passage of smoke increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor walls in the facility.	K 017	K-017 SS= D 1) Opening in the north wall of AHU #2 room and the unsealed patch opening in the gypsum board will be patched and fire taped. 2) Any observed opening or opening created by removing item from the wall will be patched and taped or fire caulked. 3) Walls will be observed for any opening and closed to provide corridor walls resistant to passage of smoke. 4) Observation will be completed by ES supervisor and/or designee to ensure no openings are present. 5) Dry wall and fire caulk will be in place around the joist in the identified opening by 4/10/15.	4/10/15
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029		

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K 029 SS=E	Continued From page 2 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies had smoke resisting partitions and doors equipped with self-closing/automatic latching hardware. Observation determined: 1) The north leaf of the Laundry corridor doors did not have self-closing/automatic latching hardware. 2) The east leaf of the Tractor Storage Room corridor doors did not have self-closing/automatic latching hardware. 3) The North East Soiled Utility Room door did not have self-closing hardware. 4) The South East Soiled Utility Room door failed to self close and latch when tested.	K 029	K-029 Self-closing hardware SS=E 1) A self closing/automatic latching device will be installed on the north leaf of the laundry door, east leaf of the tractor storage room. Self closing hardware will be installed on northeast soiled utility room door. The latch on the SE soiled utility room door was adjusted to self-close. 2) All doors with self closing/ self latching devices will be monitored to ensure proper operation. 3) ES Supervisor and/or designee will inspect all doors with self closing/ self latching devices to ensure they are working properly. 4) Inspection of doors will be completed quarterly x 1 year. 5) Self-closing/ automatic latching hardware will be in place on all door identified above by 4/10/15.	4/10/15

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K 029	Continued From page 3 5) The east wall of AHU #2 Room had an 18" x 18" opening in the gypsum board. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk or death or injury due to fire. The deficiency affected five (5) of thirteen (13) hazardous areas in the facility.	K 029	K- 029 East wall opening SS= E 1) Opening in the east wall of AHU #2 room opening in the gypsum board will be patched and fire taped. 2) Any observed opening or opening created by removing item from the wall will be patched and taped or fire caulked. 3) Walls will be observed for any opening and closed to provide corridor walls resistant to passage of smoke. 4) Observation will be completed by ES supervisor and/or designee to ensure no openings are present. 5) Dry wall and fire caulk will be in place around the joist in the identified opening by 4/10/15.	4/10/15
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to maintain the fire alarm system as required. Record review indicated the strobe in the West Corridor Restroom failed when tested on 09/30/2014 and had not been replaced. Failure to maintain the fire alarm system as required increases the risk of death or injury due to fire.	K 052	K- 052 SS= D 1) Strobe in the west corridor restroom will be replaced. 2) All strobe lights will be inspected to ensure maximum operation. 3) Visual inspection of the strobe will be completed to ensure proper operation. 4) Strobe will be inspected during every fire drill x 1 year. 5) Strobe will be replaced by 4/10/15.	4/10/15

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K 052	Continued From page 4 The deficiency affected one (1) of numerous components of the fire alarm system. The fire alarm system serves the entire facility.	K 052	K-054 SS= D Smoke Detectors 1) Smoke detector in the Sunflower Television Room will be moved to appropriate distance away from ceiling fan. 2) Visual inspection will be made of entire building to determine that smoke detectors are at least 2 feet away from ceiling fans. 3) ES Supervisor and/or designee will do walk through visual inspection audit. 4) Walk through visual inspection audit to be completed quarterly x 1 year. 5) Smoke detector to be repositioned in Sunflower Television Room by 4/10/15.	4/10/15
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: The facility failed to ensure smoke detectors were installed and maintained in accordance with NFPA 72. 1) Smoke detectors should not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. NFPA 72 A-2-3.5.1 Observation determined that the smoke detector in the Sunflower Television Room was located within two (2) feet of a ceiling fan. 2) Heat and smoke rise to the ceiling and stratifies at that elevation. When the suspended ceiling is partially removed, it delays the activation of smoke detectors and the fire alarm system. Observation determined there were two (2) tiles removed in the ceiling in the Main Dining Room. Failure to install maintain the fire alarm system as required increases the risk of death or injury due to fire.	K 054	K-054 SS = D Ceiling Tiles in Dining room 1) Ceiling tiles in main dining room to be replaced. 2) Visual inspection of building to be completed to ensure no other ceiling tiles are out of place. 3) ES will complete walk through visual inspection audit to ensure compliance. 4) Audit to be done quarterly x 1 year. 5) Ceiling tiles in the main dining room are replaced.	4/10/15

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K 054	Continued From page 5 The deficiency affected two (2) of two (2) smoke compartments in the facility.	K 054		
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to install the automatic sprinkler system in accordance with NFPA 13. Record review determined the sprinkler system water flow and tamper switches were not electrically connected to the building fire alarm system and transmitted to an approved, proprietary alarm receiving facility, a remote station, a central station, or the fire department. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected the entire facility.	K 056	K-056 SS = F 1) Sprinkler system water flow and tamper switches to be electrically connected to the building fire alarm system. 2) A dialer system will be installed that will monitor sprinkler system 24 hrs/day, 7 days a week. 3) ES supervisor and/or designee will test the system quarterly. 4) Audit of quarterly testing to be completed. 5) Sprinkler system dialer to installed by 4/10/15.	4/10/15
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144 SS=F	Continued From page 6 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the generator room. Failure to ensure the emergency generator is in compliance with NFPA 110, Standard for Emergency and Standby Power Systems,	K 144	K-144 SS= F 1) A remote kill switch for the emergency generator will be installed outside the generator room. 2) Only one emergency generator battery in the building. 3) The remote manual stop station (kill switch) will be tested by ES Supervisor and/or designee quarterly. 4) Audit of kill switch testing will be completed quarterly x 1 year. 5) Remote manual stop station will be installed by 4/10/15.	4/10/15

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K 144	Continued From page 7 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144		