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	04/23/2014

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

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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 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 protect door openings to one (1) of eight (8) hazardous areas with self-closing doors. Observation determined the corridor door to the Soiled Linen / Trash Collection Room in the Sunflower Wing was not equipped with a self-closing device.	K 029	Plan of Correction K- 029 SS= D 1) An automatic door closer will be installed. 2) Will check other doors to ensure closers are properly installed. 3) Monitor annually to ensure doors closers are installed and functioning. 4) Check door closers annually. 5) The automatic door closer will be installed by 5/30/14.	5/30/14

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

administrator — 5/14/14

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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K 029	Continued From page 1 This deficiency affected one (1) of eight (8) hazardous areas.	K 029		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. Observation determined one (1) of seven (7) exterior exits was not properly illuminated. The exit discharge at the northeast end of the building did not have any exterior lighting. This deficiency affected one (1) of seven (7) exits from the building.	K 045	K-045 SS= D 1) A light fixture will be installed at the Northeast Exit. 2) Will check all exits to ensure Proper lighting. 3) Monitor quarterly to ensure light fixtures are functioning. 4) Check light fixtures quarterly. 5) Light fixture will be installed at Northeast exit by 5/27/14	5/27/14
K 052 SS=F	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	K 052		

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K 052	Continued From page 2 requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The report indicated the sealed lead acid batteries were load tested on 10-10-13 and 1-2-13, exceeding the required semi-annual load testing requirement. This deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	K- 052 SS= F 1) Testing of the fire alarm system was completed on 5/2/14. 2) Load voltage test will be completed on fire alarm system. 3) Semi-annual testing will be completed on fire alarm system. 4) Fire alarm system load voltage test to be completed semi-annually. 5) Load voltage test was completed on 5/2/14.	5/2/14
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:	K 054		

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K 054	Continued From page 3 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 The facility failed to ensure smoke detectors were installed in accordance with NFPA72. Observation determined that the smoke detector in the Prairie Rose Television Room was located within two (2) feet of a ceiling fan. This deficiency affected one of numerous smoke detectors in the facility.	K 054	K- 054 SS= D 1) Smoke detector will be moved away from the ceiling fan at appropriate distance. 2) Visual inspection of all locations of ceiling fans will be completed to ensure compliance with distance away from smoke detectors. 3) Inspection was completed and no other smoke detector and ceiling fan were closer than three feet. 4) If change in future installation will ensure proper distance is maintained. 5) Smoke detector will be moved away from the ceiling fan by 5/30/14.	5/30/14
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by	K 062	K-062 SS= D 1) Quarterly inspection and testing of the automatic sprinkler systems to be implemented. 2) Automatic sprinkler system in one location of building only. 3) Document test and results on a quarterly basis. 4) Complete quarterly audit. 5) Monitoring schedule will be implemented by 5/19/14.	5/19/14

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K 062	Continued From page 4 whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Review of sprinkler records could not verify that the quarterly tests of the sprinkler system were done during the second and fourth quarters of 2013, or the first quarter of 2014. The sprinkler system was installed in March 2013 and an annual test was completed on August 28, 2014. This deficiency affected three (3) of the last four (4) required tests of the automatic sprinkler system.	K 062		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1- Records review indicated the facility failed to maintain fire dampers in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Fire damper testing must be performed at least every four (4) years and records of the testing be available for review.	K 130	K-130 SS = F 1) Fire damper testing to be completed. 2) Fire dampers located in Dakotah Sakakawea and Dakotah Audubon household to be tested as required. 3) Visual inspection and documentation of appropriate function. 4) Audit and document as required by regulations. 5) Fire damper test will be completed by 5/30/14	5/30/14

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K 130	Continued From page 5 Review of records could not verify that the testing of the fire dampers had been done. No records of fire dampers were available. This deficiency affected all fire dampers located in the facility. 2- A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure maintenance and testing of emergency lighting. Review of records could not verify 30-second monthly tests were done during March through November 2013, or January through March 2014. The last 1 ½ hour annual test was July 7, 2011, exceeding the required 12 month period. This deficiency affected one (1) of one (1) emergency battery lights.	K 130	K-130 SS= F 1) A test of the emergency lighting system was completed. 2) All emergency lights to be visually inspected and tested for 30 seconds on a monthly basis. 3) Audit inspection will be completed monthly and test completed annual. 4) Monthly inspections and annual testing to be completed. 5) Testing of all emergency lighting (30 seconds) and for (90 minutes) will be completed by 5/30/14.	5/30/14
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 6 This STANDARD is not met as evidenced by: Maintenance of emergency generator batteries should include checking and recording the value of the specific gravity. NFPA 110, Section A-6-3.6 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Review of records and interview of Maintenance Director determined the specific gravity and water levels of the emergency generator battery were not checked. This deficiency affected one (1) of one (1) emergency generator battery.	K 144	K-144 SS= F 1) Specific gravity and water levels of battery will be checked. 2) Only one emergency generator battery in the building. 3) Audit and document the specific gravity and water levels of battery semi-annually. 4) Complete audit records of emergency generator battery test. 5) Specific gravity and water levels of battery will be tested by 5/30/14.	5/30/14