STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**04/11/2018**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The 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 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: The facility failed to maintain the exit corridors to be free of obstructions. During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.3.1	K 211	1. Removed hand rail to allow for the required 7 inch clearance required for the means of egress. 2. Check all doors and hallways to ensure we have the 7 inch required clearance to meet the code. 3. New project worksheets/checklist will be created to ensure the proper steps are taken with any new project. 4. During any new installations a check list will be completed and saved to	4/17/18

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

Electronically Signed | 04/25/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 211	Continued From page 1 Observation determined the corridor door to the Glove Closet in the northeast corridor opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor doors in the means of egress throughout the facility.	K 211	provide documentation that the steps were followed. Completed 04/17/2018	
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the	K 291	1. Add regulatory task to Tels system to be completed for emergency lighting to meet the standard of 1.5 hours annually to be completed every February of each year. Completed annual required testing of the lighting by 04/26/2018. Furthermore Tels will cite the location of such devices. 2. The facility will be checked for any other locations for emergency lighting by the Plant Operations Manager 3. A detailed report will show start times and stop times and the date tested in Tels. 4. Tels will keep a record of testing which	5/1/18

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	355064	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**04/11/2018**

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K 291	Continued From page 2 authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Records review determined 1½ hour annual testing of the emergency battery-powered emergency lighting in the Generator Room was not documented. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected two (2) of two (2) emergency battery back-up lights in the facility.	K 291	supplies reporting to advice of any task not met. Completed by 05/01/2018	
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	K 341		5/1/18

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K 341	Continued From page 3 This REQUIREMENT is not met as evidenced by: The power source of non-power-limited fire alarm circuits shall comply with Chapters 1 through 4, and the output voltage shall be not more than 600 volts, nominal. The fire alarm circuit disconnect shall be permitted to be secured in the "on" position. NFPA 70, National Electrical Code. 760.41(A) The branch circuit supplying the fire alarm equipment(s) shall supply no other loads. The location of the branch-circuit overcurrent protective device shall be permanently identified at the fire alarm control unit. The circuit disconnecting means shall have red identification, shall be accessible only to qualified personnel, and shall be identified as "FIRE ALARM CIRCUIT." The red identification shall not damage the overcurrent protective devices or obscure the manufacturer's markings. NFPA 70 760.41(B) The facility failed to ensure the fire alarm system was in compliance with NFPA 70. Observation determined the electrical circuit breaker providing power to the fire alarm system was not secured in the "on" position. Failure to secure the electrical circuit breaker for the fire alarm system in the "on" position increases the risk of injury or death due to fire. This deficiency affected the entire facility. The fire alarm system serves the entire building.	K 341	1. Add combination lock to the cabinet enclosing fire system breaker. This was ordered 04/20/2018. 2. There are no other locations that enclose the fire alarm system breaker. 3. Review prior (3) years life safety citations to unsure we are in compliance. 4. Check that the lock is locked and in place 1 time a week to ensure security and the code is met. Add this as regulatory task in Tels. Completed by 05/01/2018	

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K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to test the fire alarm system as required. Review of documentation determined: 1) Device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. 2) Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2 item 5(e).	K 345	1. Test the load voltage and record it. 2. There are no other fire panels in the building for this instance. 3. We will add a regulatory task in Tels to ensure this is completed two times per year. 4. Tel's has a reporting system to ensure that this task is met. Completed by 05/01/2018	5/1/18

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K 345	Continued From page 5 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 most current fire alarm system batteries load voltage test was conducted on 08/29/2017 during the annual inspection by an outside company. No other record of a load voltage test in the past year was available. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,	K 351		5/26/18

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K 351	Continued From page 6 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. A building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas except where specific sections of NFPA 13 permit the omission of sprinklers. Combustible soffits, eaves, overhangs, and decorative frame elements shall not exceed 4 ft 0 in. (1.2 m) in width. NFPA 13 4.1, 8.15.1.2.18.1 Observation determined the two (2) combustible exterior pergolas, over 4 feet in width, by the South Exit were not protected by the automatic sprinkler system. The two (2) pergolas were against the exterior of the building. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. This deficiency affected two (2) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	1. Modify Structures (pergolas) to allow for 12 inches of clearance from the building. 2. An assessment will be done to ensure that the building is clear of any flammable hazards. 3. New project worksheets will be created to ensure the proper steps are taken with any new project. 4. Every future project will be entered into the Tels system, where the supporting documents will be held including approvals and supply invoices to support the project. Completed by 05/26/2018	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		5/18/18

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K 353	Continued From page 7 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised, automatic sprinkler system in accordance with Section 9.7. 19.3.5.1 All automatic sprinkler systems required by this code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9.7.5 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. NFPA 25, 5.3.2.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in	K 353	1. This item was completed in accordance with the life safety code. 2. No action needed. 3. Enter a regulatory task in Tels for a gauge check for every 5 years and upload supporting document. 4. Tels will keep a record of testing which supplies reporting to alert of any task not met. Completed by 05/18/2018 – gauges to be completely replaced and quarterly inspection.	

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K 353	Continued From page 8 a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Record review determined the sprinkler system gauges were last replaced or calibrated on January 1, 2013, exceeding 5 years from this survey. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous tests and maintenance items of the automatic sprinkler system. The automatic sprinkler system serves the entire building.	K 353		