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 _____	**06/19/2019**

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 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. Attached to the east side of the facility was an assisted living unit. An occupancy separation wall having a two-hour fire resistance rating was constructed between the assisted living unit and the health care occupancy.	K 000		
K 132 SS=F	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served.	K 132		7/1/19

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

Electronically Signed | 07/01/2019

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K 132	Continued From page 1 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the fire resistance rating of occupancy separation walls. Fire doors shall latch upon closure. 19.1.3.4.1, 6.1.14.4.1, 8.3.3.1, NFPA 80 6.1.4.3.1 Observation determined the pair of 90-minute fire rated cross-corridor doors through the two-hour fire-resistant rated occupancy separation wall from the nursing home to the assisted living building failed to self-close and latch. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) occupancy separation barrier in the facility.	K 132	1.Ensure Latching is happening in accordance with K132 2.Check all doors weekly to meet the code. 3.Added regulatory task for weekly checks to TEL□s. 4.Reporting will alert us to any fire doors not being checked in TEL□s	
K 211 SS=F	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: No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof. Arrangement of means of egress shall comply	K 211	1.Paint over the existing decorations on the face of the door. 2.All other doors will be checked to ensure compliance.	7/12/19

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K 211	Continued From page 2 with Section 7.5. Exit access and exit doors shall be designed and arranged to be clearly recognizable. 19.2.1, 19.2.5.1, 7.1.10.2.1, 7.5.2.2. The facility failed to arrange exit access and exit doors to be clearly recognizable and visible. Observation determined the south side of the pair of cross-corridor doors at the north exit from the Southeast Wing had a mural painted on the doors disguising the doors. Failure to arrange exit access and exit doors to be clearly recognizable and visible increases the risk of injury or death due to fire. This deficiency affected one (1) of two (2) exits from the Southeast Wing.	K 211	3.Added task in TEL□s for decoration weekly check for walls and doors. 4.Reporting will alert us to any doors found during the check in TEL□s.	
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321		7/19/19

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K 321	Continued From page 3 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined: 1) The Door to the North Storage Room in the Kitchen was not equipped with a self-closing device. 2) The Door to the West Storage Room in the Kitchen was not equipped with a self-closing device.	K 321	1.Install automatic door closers on the two doors mentioned in this tag. Door 1 is off the kitchen to the North and stores containers and other flammables. Door 2 is off the kitchen to the West. 2.All other doors will be checked to ensure compliance. 3.Added task in TEL□s for annual check of door closure devices. 4.Reporting will alert us to any door closures not being checked in TEL□s	

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K 321	Continued From page 4 Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 321		
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of	K 511	1.Replace all outlets with GFCI to comply. The following areas, Kitchen and Dish Room, All shower areas- Shower and Spa. 2.Check any other possible areas that would be considered a wet area. 3.Added task in Tel□s for annual check for GFCI□s. 4.Reporting will alert us to any GFCI□s not being checked in TEL□s.	7/12/19

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K 511	Continued From page 5 NFPA 70, National Electrical Code. Observation determined: 1) One (1) electrical receptacle in the Southeast Wing Shower Room was not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Spa Suite Shower Room was not ground-fault circuit-interrupter protected. 3) One (1) electrical receptacle in the Spa Suite Tub Room was not ground-fault circuit-interrupter protected. 4) Two (2) electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected five (5) of numerous receptacles in the facility.	K 511		
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a	K 712		7/19/19

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K 712	Continued From page 6 coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined fire drills did not include the simulation of an emergency phone call to the fire department during the months of June 2018, and February, March, April and May 2019. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	1.Alert the BHS EVS team of the tag. 2.Ensure the fire drill form is signed and reviewed by all patients. 3.Modify Drill form to comply with the tag. The verbiage will include a record of a follow-up call to 911, also citing the staffs name and position. 4.Reporting will alert us to any fire drills not being performed in TEL□s	