STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING **02** B. WING _____	**08/23/2022**

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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E 000	Initial Comments A recertification survey conducted on August 23, 2022, found Benedictine Living Center in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.	E 000		
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	K 132		9/23/22

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

Electronically Signed | 08/31/2022

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K 132	Continued From page 1 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. 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	K132 (AL/SNF cross-corridor doors self-close) 1. Ensure AL/SNF cross-corridor doors self-close and latch in accordance with K132. 2. Check AL/SNF cross-corridor doors 2X monthly to meet the code. 3. Added regulatory task 2X monthly checks to TELS. 4. Reporting will alert us to AL/SNF cross-corridor doors not being checked in TELS. 5. Date certain 9-23-2022	
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.	K 211		9/23/22

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K 211	Continued From page 2 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: 1) Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test all fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined documentation was not available to verify if all fire rated door assemblies had been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected numerous fire rated door assemblies throughout the facility. 2) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of	K 211	K211 (#1 Fire rated assemblies) 1. Ensure Latching is happening and fire doors are inspected in accordance with K132 2. Check all doors 2X monthly to meet the code. 3. Added regulatory task for 2X monthly checks to TELS. 4. Reporting will alert us to any fire doors not being checked in TELS. 5. Date certain 9-23-2022 K211 (#2 Means of Egress) 1. Ensure means of egress are free from obstruction in accordance with K211 2. Inspect all corridors 1x monthly for projections/obstructions that don't meet code. 3. Added regulatory task for monthly checks to TELS. 4. Reporting will alert us to any egress obstructions not being checked in TELS. 5. Date certain 9-23-2022 K211 (#3 Door releasing mechanism) 1. Ensure Kitchen door has one releasing operations in accordance with K211 2. Slide bolt was replaced with a single releasing operation to meet the code. 3. Added regulatory task to check 2X annually in TELS. 4. Reporting will alert us any releasing operations that don't meet code in TELS. 5. Date certain 9-23-2022	

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K 211	Continued From page 3 egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4½ in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 The facility failed to keep corridors free of obstructions. Observation determined numerous wall mounted fans and fly light assemblies in the exit corridors throughout the facility extended more than 4½ inches from the corridor wall and protruded into the exit corridor. All fans and lights were mounted between 38 inches and 80 inches above the floor. This deficiency affected exit access to numerous exits from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. 3) A releasing mechanism on a door in the means of egress shall open the door leaf with not more than one releasing operation. The facility failed to provide doors in the means of egress that open with one motion. Observation determined the door between the Kitchen and Dining Room had a slide bolt mounted on the Kitchen side of the door, requiring two motions to open the door from the Kitchen side.	K 211		

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K 211	Continued From page 4 The deficiency affected egress from one of numerous rooms in the facility. Failure to ensure doors in the means of egress open with one releasing motion increase the risk of injury or death in case of fire.	K 211		
K 321 SS=D	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 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)	K 321		9/23/22

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K 321	Continued From page 5 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 Dry Storage Room in the Kitchen failed to self-close and latch into the door frame. The Dry Storage Room was more than 50 square feet and was used to store combustible materials. 2) The corridor door to the Central Supply Storage Room failed to self-close and latch into the door frame. The Central Supply Storage Room was more than 50 square feet and was used to store combustible materials. 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	K321 (Self closing doors latch) 1. Ensure self-closing doors in dry storage room & central supply room latch into door frame in accordance with K321. 2. Check all doors 2X monthly to meet the code. 3. Added regulatory task for 2X monthly checks of self-closing doors to TELS. 4. Reporting will alert us to any doors that don't properly latch to frame in TELS. 5. Date certain 9-23-2022	
K 347	Smoke Detection	K 347		9/23/22

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K 347 SS=E	Continued From page 6 CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: The facility failed to ensure smoke detectors were installed, maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. In the absence of specific performance-based design criteria, smooth ceiling smoke detector spacing shall be a nominal 30 ft. The distance between detectors shall not exceed their listed spacing, and there shall be detectors within a distance of one-half the listed spacing, measured at right angles from all walls or partitions. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72: 17.7.3.2.3.1 Observation determined: 1) The smoke detector in the Sunflower Dining Room was 26 ft from the back wall. 2) The smoke detector in the Prairie Rose Dining Room was 23.5 ft from the back wall. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	K347 (Smoke detection) 1. Smoke detectors in Sunflower & Prairie Rose dining rooms were adjusted to proper distance in accordance with K347. 2. Check all smoke detectors annually during Johnson Controls inspection to assure compliance. 3. Added regulatory task for 1X annually checks of smoke detectors to TELS. 4. Reporting will alert us to any smoke detectors that don't meet proper distancing in TELS. 5. Date certain 9-23-2022	

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K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire	K 363		9/23/22

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K 363	Continued From page 8 protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. 19.3.6.3.5 The facility failed to ensure corridor doors latched into their frames and resisted the passage of smoke. Observation determined the corridor door to Resident Room 47 failed to latch into the door frame. Failure to ensure corridor doors latch properly increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor doors in the facility.	K 363	K363 (Corridor doors latching into frame) 1. Ensure room 47 door latches into the frame in accordance with K363. 2. Check all doors 2X monthly to meet the code K363. 3. Added regulatory task for 2X monthly checks of room 47 door latching into TELS. 4. Reporting will alert us if room 47 door that don't properly latch to frame in TELS. 5. Date certain 9-23-2022	
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where used,	K 911	K911 (Exposed electrical wiring) 1. Ensure Junction box in the mechanical room is covered in accordance with K911. 2. Check all Junction boxes 2X annually	9/23/22

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K 911	Continued From page 9 metal covers shall comply with the grounding requirements of 250.110. NFPA 70 314.28 3(c). The facility failed to prevent exposed electrical wiring. Observation determined a junction box in the Mechanical Room with 120-volt electrical wiring was not covered, exposing the wiring. This deficiency affected one of numerous electrical junction boxes in the facility. Failure to cover electric wiring increases the risk of injury or death due to fire.	K 911	to meet the code. 3. Added regulatory task for 2X annual checks of Junction boxes into TELS. 4. Reporting will alert us if Junction boxes are not properly covered & exposing wire in TELS. 5. Date certain 9-23-2022	