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 _____	**01/31/2017**

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 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 edition, identifies specific inspection, testing and maintenance frequencies and methods. Chapter 14 Section 14.3, 14.4.2, 14.5, 14.6., 14.6.2, 14.6.2.1, 14.6.2.2.	K 345	K345 1)A copy of the AVI report has been filed in our fire binder. 2)Plant Operations Manager will mark on a calendar when next AVI testing is due	2/17/17

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

Electronically Signed | 02/13/2017

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K 345	Continued From page 1 Records shall be retained until the next test and for 1 year thereafter. For systems with restorable fixed-temperature, spot-type heat detectors tested over multiple years, records shall be retained for the 5 years of testing and for 1 year thereafter. A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested. (1) Date. (2) Test frequency. (3) Name of property. (4) Address. (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number. (6) Name, address, and representative of approving agency (ies). (7) Designation of the detector(s) tested. (8) Functional test of detectors. (9)*Functional test of required sequence of operations. (10) Check of all smoke detectors.	K 345	and that paperwork has been filed. 3)Plant Operations Manager will set up checks on computer outlook program for testing. 4)Monthly audits will be completed x 7 months to check fire book. 5)Date certain 2/17/17	

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K 345	Continued From page 2 (11) Loop resistance for all fixed-temperature, line-type heat detectors. (12) Functional test of mass notification system control units. (13) Functional test of signal transmission to mass notification systems. (14) Functional test of ability of mass notification system to silence fire alarm notification appliances. (15) Tests of intelligibility of mass notification system speakers. (16) Other tests as required by the equipment manufacturer's published instructions. (17) Other tests as required by the authority having jurisdiction. (18) Signatures of tester and approved authority representative. (19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place). Records review determined no documentation was available to indicate the fire alarm system was tested in the past twelve months. Failure to test the fire alarm system and all components in accordance with NFPA 72 increases the risk of death or injury due to fire.	K 345		

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K 345	Continued From page 3 The deficiency affected numerous required tests of the fire alarm system. This deficiency affected the entire building.	K 345		
K 347 SS=F	NFPA 101 Smoke Detection 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 STANDARD is not met as evidenced by: Visual inspection, testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm and Signaling Code, 2010 edition, Chapter 14-Inspection, Testing and Maintenance. This code identifies specific inspection, testing and maintenance frequencies and methods. 14.3, 14.4, 14.5, 14.6. The facility failed to provide documentation of numerous required tests that are to be performed on the smoke detection system annually. Failure to test and maintain the smoke detection system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected the entire building.	K 347	K347 1) A copy of the AVI report has been filed in our fire binder. 2)Plant Operations Manager will mark on a calendar when next AVI testing is due and that paperwork has been filed. 3)Plant Operations Manager will set up checks on computer outlook program for testing. 4)Monthly audits will be completed x 7 months to check fire book. 5)Date certain 2/17/17	2/17/17
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in	K 351		3/3/17

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K 351	Continued From page 4 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, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD 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), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) 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. Observation determined one (1) sprinkler in the walk-in freezer and one (1) sprinkler in the walk-in cooler located in the Kitchen were of ordinary-temperature classification. The walk-in freezer and walk-in cooler were equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be intermediate-temperature-rated in automatic defrosting walk-in freezers and walk-in coolers. Failure to install and maintain the automatic	K 351	K351 1)The proper rated sprinkler heads will be ordered and installed. 2)The Plant Operations Manager will monitor to ensure all sprinkler heads are visibly clear of defect. 3)Plant Operations Manager will routinely observe sprinkler heads to assure proper heads. 4)Weekly audits to be completed x 12 weeks to monitor for proper heads in working condition. 5)Date certain 3/3/17.	

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K 351	Continued From page 5 sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 372 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of two (2) smoke barriers within the facility was smoke resisting and had a fire resistance rating of at least one-half hour. 19.3.7.3, 8.6.7.1(1). Observation determined the east smoke barrier had openings at the head of wall joint above the corridor doors on the north side of the smoke barrier wall. These spaces were not properly sealed with appropriate fire sealant materials (existing applications of fire caulk had fallen away, or the installation was incomplete). Failure to ensure the required integrity of smoke	K 372	K372 1)Spaces not properly sealed will be sealed with fire sealant. 2)Plant Operations manager will monitor to ensure all spaces are properly sealed. 3)Plant Operations manager will routinely observe spaces on east smoke barrier for proper sealing. 4)Weekly audits to be completed x 12 weeks to monitor for properly sealed	3/3/17

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K 372	Continued From page 6 barriers increases the risk of injury and death by fire. This deficiency affected two (2) of three smoke compartments.	K 372	areas. 5)Date certain 3/3/17.	
K 374 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This STANDARD is not met as evidenced by: The facility failed to ensure doors in smoke barrier walls were self-closing and resisted the passage of smoke. 19.3.7.6, 19.3.7.8, 19.3.7.9. Observation determined the west door leaf of the east smoke barrier, one (1) of six (6) smoke barrier doors, failed to self-close to the fully closed position and resist the passage of smoke. Failure to ensure smoke barrier doors were self-closing and resisted the passage of smoke increases the risk of injury and death from fire. This deficiency affected two (2) of three (3)	K 374	K374 1)Ceiling tiles that are affecting doors from closing will be raised for proper clearance. 2)Plant Operations manager will monitor to ensure doors properly close. 3)Plant Operations manager will routinely observe doors closing to assure they properly close. 4)Weekly audits x 4 weeks, then monthly	2/28/17

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K 374	Continued From page 7 smoke compartments.	K 374	audits x 4 for both hallway fire doors. 5)Date certain. 2/28/17	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment procedure. NFPA 99, 4.1, 4.2. The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	K901 1)A documented risk assessment of building will be completed. 2)Plant Operation manager will monitor building to assure risk assessment is accurate. 3)Plant Operation manager will routinely observe building to assure any new risk assessment areas are added to plan. 4)Weekly audits x 4, then monthly x 3 to check building systems. 5)Date certain 2/28/17.	2/28/17

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