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 _____	**03/09/2016**

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 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. 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 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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: 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 doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with	K 029	1) Combustible materials removed from air handling room by 3/20/16. Corridor door now equipped with a self-closing device as of 3/20/16. 2) Environmental Service (ES) Director or designee will monitor to ensure no combustible material in air handling room. 3) ES Director or designee will routinely observe Air Handling Room for absence of combustible material.	3/20/16

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

Electronically Signed | 03/21/2016

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 029	Continued From page 1 self-closing/automatic latching hardware. Observation determined the Air Handling Room in the West Hallway was being used to store combustible materials. The room was more than 50 square feet. The corridor door to the Air Handling Room was not equipped with a self-closing device. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	4) Weekly audits to be completed x 4 weeks to monitor for combustible material. 5) Date final 3/20/16.	
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access is so arranged that exits are readily accessible at all times. 1) 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. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened.	K 038	1) Corridor doors #1 through #4 have all been adjusted to be at 7 inches or less when extended from the wall when fully opened as of 3/20/16. Exit (egress) doors #1 through #4 will have the delayed egress feature and signage. The old system will be replaced with a new access-controlled magnetic lock delayed egress system by April 18, 2016. 2) Safety release signage placed at all exits with magnetic lock system 3) Environmental Service (ES)Director or designee will regularly observe to ensure	3/23/16

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	355064	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/09/2016**

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BENEDICTINE LIVING CENTER OF GARRISON	**609 4TH AVE NE** **GARRISON, ND 58540**

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K 038	Continued From page 2 1) The corridor door to the Linen Closet in the West Hall. 2) The corridor door to the Supply Closet in the West Hall. 3) The corridor door to the Linen Closet in the East Hall. 4) The corridor door to the Blanket Storage Closet in the East Hall. This deficiency affected four (4) of numerous corridor doors in the means of egress throughout the facility. 2) Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2 Observation determined the following exit doors were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature or proper signage on the doors. 1) The Northwest exit door from the West Hallway. 2) The Northeast exit door from the East Hallway. 3) The West exit door from the building. 4) The Southwest exit door from the West Hallway. The deficiency affected egress from four (4) of five (5) exterior exits from the facility. Failure to ensure exit access is readily available	K 038	signage in place at exits. 4) ES Director or designee will audit exits weekly x 4 weeks for proper signage in place. 5) New system to be installed by April 18, 2016.	

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K 038	Continued From page 3 at all times increases the risk of death or injury due to fire.	K 038		