STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/10/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	**407 3RD AVE SE** **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 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these requirements. The facility was located in a two-story building of Type II (000) construction with a basement. The building had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall constructed to have a two-hour fire resistance rating separated a clinic building to the east from the hospital. The nursing facility occupied the second floor of the hospital. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/10/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 038 (Exterior Exit Paths). The facility passes the FSES when all other deficiencies have been corrected.	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	K 029		9/23/16

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

Electronically Signed | 08/15/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/10/2016**

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GARRISON MEM HOSP NSG FAC	**407 3RD AVE SE** **GARRISON, ND 58540**

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K 029	Continued From page 1 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resistive partitions and self-closing door assemblies. Observation determined the corridor door to the Medical Records Room in the Basement was not equipped with a self-closing device. Failure to ensure hazardous areas are equipped with doors which are self-closing increases the risk of injury and death. This deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	1. Door closures two (2) will be installed on both doors of the Medical Records Room in the basement that was identified in the survey. 2. Maintenance will do a facility wide survey to find any other areas having the potential to be affected by the same deficient practice. 3. This check of door closures will be added to our bi-annual Hazardous Surveillance/Life Safety Tour. 4. The bi-annual Hazardous Surveillance/Life Safety Tour reports their finding to the safety committee. The findings and corrective actions are then reported to our Quality Assurance committee on a quarterly basis. 5. The facility wide inspection and door closures will be installed by 9/23/16.	
K 038 SS=B	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: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 7.7.1	K 038	A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/10/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 038 (Exterior Exit Paths). The facility passes	9/23/16

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K 038	Continued From page 2 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS S&C-07-05 Observation determined the west exterior exit discharge traversed the lawn to get to a public way. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. The deficiency affected one (1) of three (3) paths of egress from the facility.	K 038	the FSES when all other deficiencies have been corrected.	