DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2014
FORM APPROVED
OMB NO. 0938-0391

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	08/14/2014

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 08/14/2014 Life Safety Code survey. Garrison Memorial Hospital Nursing Facility does not meet the Life Safety Code requirements for the arrangement of exits, but does pass the FSES when all other deficiencies are corrected.	K 000		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2	K 011	K 0011 1) The doors between the hospital and the ambulance driveway will meet NFPA requirements 2) We will do a facility survey to identify any other doors that may not meet this requirement. 3) We will install Fire bolt 18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Todd Grant	Administrator	8/29/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

emailed 9-2-14

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K 011	Continued From page 1 This STANDARD is not met as evidenced by: Fire barriers between a nonconforming occupancy (ambulance garage) and the nursing facility must be fire barriers having at least a two-hour fire resistance rating with openings protected by positive latching 90-minute fire rated doors. The facility failed to ensure doors in occupancy separation walls were positive latching. Observation determined the east door leaf of the 90-minute fire rated doors in the two-hour fire rated occupancy wall between the ambulance garage and the hospital did not latch into the floor. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to ensure positive latching of fire rated doors as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) fire rated doors in occupancy separations in the facility. Ref: 2000 NFPA 101 Section 19.1.1.4.1, 8.2.3.2.1(a), 1999 NFPA 80 Section 2-4.4.1	K 011	BFD hardware on all doors that require this upgrade. (See Exhibit A) 4) QA monitor all doors that require a two hour separation. Quarterly X3, monthly X3. (See Exhibit B) 5) Corrective actions will be completed by Sept. 28, 2014 K 0038	9/28/14
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	K 038	A FSES was applied for during the Life Safety Code Survey.	8/14/14 8/14/14

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K 038	Continued From page 2 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 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. 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. Ref: 2000 NFPA 101 Section 19.2.1, 7.1.6.2	K 038	A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/14/2014 Life Safety Code survey. Garrison Memorial Hospital Nursing Facility does not meet the Life Safety Code requirements for the arrangement of exits, but does pass the FSES when all other deficiencies are corrected. K 0054	
K 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct	K 054	1) Smoke detectors will be relocated in accordance with NFPA requirements 2) A facility survey will be conducted to determine if all ceiling fans will be affected 3) All smoke detectors located in	

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K 054	Continued From page 3 airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. NFPA 72 A-2-3.5.1 The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm Code. Observation determined: 1) The smoke detector located in the Activities Room was mounted above the fan blades of the ceiling fan. 2) The smoke detector located in the 2nd Floor Dining Room was mounted on the ceiling approximately two (2) feet from the blades of a ceiling mounted fan. Failure to install smoke detectors in accordance with National Fire Alarm Code requirements increases the risk of injury or death. This deficiency one (1) of one (1) Activity Room and one (1) of one (1) Dining Room where Residents congregate.	K 054	rooms that have ceiling fans will be relocated to meet NFPA requirements. 4) QA monitor of all areas with ceiling fans and smoke detectors. Quarterly X3, monthly X3. (See Exhibit C) 5) The corrective action will be completed by Sept. 28, 2014	9/28/14
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler	K 056	K 0056 1) (A) Closet doors were removed and privacy curtain with a mesh top (½" holes) was installed. (B) Unsealed areas will be closed to meet NFPA 13 requirements.	

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K 056	Continued From page 4 systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13. The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1) The west closet in the 3rd Floor Dining Room lacked sprinkler coverage. There was no sprinkler in this closet. 2) Two (2) unsealed openings in the plaster ceiling of the Lower Level Medical Records Storage Room. Each opening was approximately 12" X 12" in area. Openings in ceilings create ceiling penetrations that could delay the activation of the sprinkler system. Failure to install the automatic sprinkler system in accordance with NFPA 13 and ensure there is no delay in time for the activation of the sprinkler system for all portions of the building increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous areas in the facility.	K 056	2) We will do a facility survey to identify any other areas that do not meet NFPA 13. 3) Contractors and engineering will be responsible to maintain NFPA 13 standards 4) QA will be completed monthly to assure NFPA 13 will be maintained in the facility. (See Exhibit D) 5) Corrective action will be completed by Sept. 28, 2014	9/28/14
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062	Continued From page 5 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: All backflow devices installed in fire protection water supply shall be tested annually at the designed flow rate of the fire protection system, including hose stream demands, if appropriate. Exception: Where connections of a size sufficient to conduct a full flow test are not available, tests shall be conducted at the maximum flow rate possible. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. On 08/14/2014, no record of the required annual back flow preventer test was available. There was one (1) backflow preventer valve in the facility. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous required tests of the automatic sprinkler system, which serves the entire facility.	K 062	K 0062 1) Back flow testing will be tested annually. 2) This facility has only one back flow preventer. 3) A contract was signed with Nova fire protection to conduct an annual back flow test. 4) Annual back flow test will be completed. 5) Nova fire protection has been contacted and a contract was signed to do an annual back flow test. (See Exhibit E)	9/28/14

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K 062	Continued From page 6 Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2	K 062		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. NFPA 110, Standard for Emergency and Standby Power Systems. The facility failed to ensure the emergency generator was in compliance with NFPA 110. Observation determined there was no remote emergency stop switch for the generator located	K 144	K 0144 1) Emergency stop switch will be installed outside of the generator room. 2) The facility has only one emergency generator. 3) The emergency stop switch will be installed to meet NFPA standard 110. (See Exhibit F) 4) Emergency stop switch testing will be added to the Emergency Power monthly exercising of the generator. (See Exhibit G) 5) The corrective action will be completed by Sept. 28, 2014	9/28/14

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K 144	Continued From page 7 outside of the generator room. Failure to ensure the emergency generator is in compliance with NFPA 110, Standard for Emergency and Standby Power Systems, increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 1999 NFPA 110 Section 3-5.5.6	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined a ground fault circuit interrupter (GFCI) protected an electrical receptacle located in the outdoor activities deck. The receptacle failed to trip when tested. Failure to ensure electrical wiring is in accordance with NFPA 70 requirements increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) outdoor activities deck location.	K 147	K 0147 1) GFCI was replaced. 2) QA is in place to test GFCI circuits. 3) GFCI located outside Activities area will be added to the our QA to test and maintain GFCI circuits. 4) QA will be conducted monthly. (See Exhibit H) 5) Corrective action will be completed by Sept. 28, 2014	9/28/14