| 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<br>B. WING _____ | 09/15/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GARRISON MEM HOSP NSG FAC | 407 3RD AVE SE<br>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<br><br>The 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies was used for this survey in compliance with 42 CFR 483.70(a).<br><br>The facility was located on the second floor of Garrison Memorial Hospital. The entire hospital was surveyed because the nursing facility was not separated from the other floors of the hospital by a two-hour fire barrier.<br><br>The building was two-stories of Type II (000) construction with a basement. The facility 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 having a two-hour fire resistance rating separated the hospital from an attached clinic building.<br><br>Note:<br><br>A Fire Safety Evaluation System (FSES) was conducted as a result of the 09/15/10 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. | K 000 | | |
| K 038<br>SS=B | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 | K 038 | | 9/15/10 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dean Matter — TITLE: Administrator — (X6) DATE: 9/22/10

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.

| 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<br>B. WING _____ | 09/15/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GARRISON MEM HOSP NSG FAC | 407 3RD AVE SE<br>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 038 | Continued From page 1<br>This STANDARD is not met as evidenced by:<br>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<br><br>To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways.<br><br>Observation determined the west exterior exit discharge traversed the lawn to get to a public way. | K 038 | A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 09/15/2010 Life Safety Code survey to allow the exit to public ways to traverse grassy surfaces. The facility passes the FSES. | |