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 _____	**08/01/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	**407 3RD AVE SE** **GARRISON, ND 58540**

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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 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 08/01/2018 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by	K 211		9/15/18

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

Electronically Signed | 09/04/2018

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K 211	Continued From page 1 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. This deficiency affected all fire rated door assemblies throughout the facility.	K 211	1. A fire door inspection and testing program will be created which includes a preventive maintenance task with associated door lists and door maintenance tasks per NFPA-25. 2. All fire rated doors will be included in the preventive maintenance list. Doors will have unique labels to identify them as included in the program. 3. The fire door maintenance program is ongoing. 4. The preventive maintenance task will generate automatically every year in our Facility One Preventative Maintenance software program. 5. 9-15-2018	
K 271 SS=B	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with	K 271		9/15/18

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K 271	Continued From page 2 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT 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. 19.2.7, 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS S&C-05-38 The facility failed to provide all occupants with safe access to a public way. 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 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the 08/01/2018 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 271 (Discharge from Exits). The facility passes the FSES when all other deficiencies have been corrected.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying	K 345		8/3/18

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K 345	Continued From page 3 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3 The facility failed to test the fire alarm system as required. Review of documentation determined device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of one (1) fire alarm system. The fire alarm system serves the entire facility.	K 345	1. The itemized list was printed by the system and filed in Life Safety library located in the maintenance office. 2. A line has been added to the preventive maintenance (PM) task to remind the operator to obtain (print) the itemized list and file it before closing the PM. 3. A line has been added to the preventive maintenance (PM) task to remind the operator to obtain (print) the itemized list and file it before closing the PM. 4. Monitoring will be accomplished through the preventive maintenance program. In addition a Life Safety document review is completed annually. 5. 8-3-2018	
K 347 SS=D	Smoke Detection CFR(s): NFPA 101	K 347		8/1/18

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K 347	Continued From page 4 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 REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined a smoke detector in the Staff Dining Room was installed within 36 in. of a ceiling fan. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 347	1. Smoke detector relocted such that it is more than 36 inches from the ceiling fan. 2. An inspection line will be added to the Hazard Surveillance survey to remind the surveyor to look for smoke detection devices that are within 36 inches of air moving equipment. 3. Same as above 4. Monitoring will be done through routine maintenance by our vendor and through the Hazard Surveillance tours. 5. 8-1-2018	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353		9/15/18

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K 353	Continued From page 5 maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised, automatic sprinkler system in accordance with Section 9.7. 19.3.5.1 All automatic sprinkler systems required by this code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9.7.5 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. NFPA 25, 5.3.2.1 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. Record review determined the sprinkler system	K 353	1. Upon vendor review the current guages are dated 2015 and therefore, will not be required for replacement until 2020. 2. A PM will be created to remind the facility that the fire system pressure gauges will need replacement in 2020 and every 5 years after that. 3. A PM will be created to remind the facility that the fire system pressure gauges will need replacement in 2020 and every 5 years after that. 4. The computerized maintenance management system (CMMS) will monitor compliance with the 5-year replacement requirement. 5. 9-15-2018	

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K 353	Continued From page 6 gauges were last replaced or calibrated on January 1, 2013, exceeding 5 years from this survey. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous tests and maintenance items of the automatic sprinkler system. The automatic sprinkler system serves the entire building.	K 353		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined no fire drills were conducted on the Third Shift during the first	K 712	1. A preventive maintenance task is automatically generated each month reminding the Facility Manager that a fire drill is needed. 2. Implement a fire drill critique record to capture each department's fire drill response.	9/15/18

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K 712	Continued From page 7 quarter of 2018. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	3. The CMMS programs generation of the fire drill requirement will ensure Garrison Hospital is in compliance. 4. Garrison Hospital will monitor it fire drill compliance through fire drill record sheet. 5. 9-15-2018	