STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355036	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/25/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAN MANOR HEALTHCARE CENTER	**604 ASH AVE E** **GLEN ULLIN, ND 58631**

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K 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies and 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. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and a corridor smoke detection system. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/25/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K038-1a (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies.	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:	K 029		3/7/16

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

Electronically Signed | 02/05/2016

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K 029	Continued From page 1 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 self-closing/automatic latching hardware. Observation determined the door to the Vault Room did not have self-closing/automatic latching hardware. 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	.K029 □ To minimize the risk of the hazardous area, the vault room storing medical records will be reduced to 49.4 square feet so facility can continue to use the current vault door and eliminating the need for a self-closing or automatic-closing door. The room is currently 11 feet long and 5 feet 2 inches wide for a total of 56.8 square feet. One wall using 2x4 metal framework covered by sheetrock on both sides will be built along the width of the room decreasing the length of the room from 11 feet to 9 feet 6 inches to a total square footage of 49.4 square feet. Project will be completed by March 7th. All other potential hazardous areas within the facility will be reviewed to ensure that smoke resistance doors are self-closing and automatically latching. The monthly maintenance schedule will be revised to include checking self-closing devices are closing doors to the latched position for hazardous areas. The monthly maintenance schedule will be performed by housekeeping and maintenance personnel, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 038 SS=E	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: 1) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire	K 038	A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/25/2016 Life Safety Code survey. The	3/7/16

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K 038	Continued From page 2 or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 The facility failed to keep corridors free of obstructions. Observation determined: a) The water fountain in the Reception Area extended approximately ten (10) inches from the corridor wall and protruded into the exit corridor. b) The water fountain in the 200 Wing extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. c) The water fountain in the 400 Wing extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. This deficiency affected exit access to three (3) of seven (7) exits from the facility. 2) 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	FSES was specifically used as an alternative safety method for K038-1a (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies. K038 □ To keep corridors free of obstructions, the three water fountains in the Reception Area, on 200 Wing, and on 400 Wing will be removed and walls repaired. New door openers have been installed, minor door adjustments and handrails shortened to ensure that the following doors extend 7 inches or less from the wall when fully opened. This includes the corridor doors to Linen Room, Soiled Utility Room, West Storage Room, Center Storage Room, East Storage Room in the 100 Wing, and the corridor door to the Janitor Room in the 300 Wing, the corridor door to the Main Boiler Room and the double corridor doors to the Chapel. The hardware for corridor door to the Boiler Room in the 300 Wing has been removed and replaced with a blank. All access to the boiler room is now through the 300 Wing Janitor room until new door can be constructed at a later time. Projects are scheduled to be completed by March 7th. All means of egress within the facility will be reviewed on a monthly basis to ensure hallways are free of all obstructions and provide clear access to all exits in the case of fire or other emergency. Doors in a means of egress will be checked to ensure that they do not project more than	

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K 038	Continued From page 3 1) The corridor door to the Linen Room in the 100 Wing. 2) The corridor door to the Soiled Utility Room in the 100 Wing. 3) The corridor door to the West Storage Room in the 100 Wing. 4) The corridor door to the Center Storage Room in the 100 Wing. 5) The corridor door to the East Storage Room in the 100 Wing. 6) The corridor door to the Boiler Room in the 300 Wing. 7) The corridor door to the Janitor Room in the 300 Wing. 8) The corridor door to the Main Boiler Room. 9) The double corridor doors to the Chapel. This deficiency affected ten (10) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038	7 inches from the wall when fully opened. The monthly maintenance schedule will be revised to include review of all means of egress hallways, doors and exits. The monthly maintenance schedule will be performed by housekeeping and maintenance personnel, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and	K 050		3/7/16

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K 050	Continued From page 4 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD 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. 19.7.1.2 The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a PM Shift fire drill during the first quarter of 2015 and a Night Shift fire drill during the second quarter of 2015. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two (2) of twelve (12) drills in the past year.	K 050	K050 □ Drills shall be conducted quarterly on each shift to familiarize personnel with signals and emergency actions required under varied conditions. The fire drill records have been revised to include the time ranges of 7:15 am to 2:44 pm for day shift, 2:45 pm to 11:44 for evening shift and 11:45 to 7:14 am for night shift to eliminate confusion and ensure that a drill is conducted quarterly on each shift. New process implemented for February fire drill and will be completed by February 29th. The facility has only one fire drill per month so there is no other procedure that is affected by this practice. Fire drill forms have been revised to include time ranges for each shift. Old forms have been discarded. Retraining and review of related documentation has occurred with maintenance staff responsible for the drills. The monthly drills are tracked on a form divided into quarters and shifts for the year to monitor and ensure that a drill is conducted quarterly on each shift. The drills will be performed and documented by maintenance personnel, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with	K 052		3/7/16

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K 052	Continued From page 5 NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72 7-3.2 The facility failed to test the fire alarm system as required by NFPA 72. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 06/08/2015. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to 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 two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system serves the entire facility.	K 052	K052 □ The facility□s fire alarm system shall have the following procedure added to the current maintenance and testing program ensuring the fire alarm system batteries have a full load voltage test semiannually. The fire alarm batteries were replaced on February 3, 2016 and documented on the monthly fire drill record. The second semiannually batteries test will be done during the annual fire alarm inspection by an outside company in June 2016. Documentation is included on the form completed by the inspector. With this change, the fire alarm system shall be tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records readily available. The facility has only one fire alarm system so there is no other system that is affected by this practice. A reminder to perform a load voltage test on the batteries in December was added to the monthly fire drill record which will be initialed when completed. The semi-annual battery check will be performed and documented by maintenance personnel and outside vendor, monitored by the administrator, and reported to the quality assurance	

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K 052	Continued From page 6	K 052	committee on an annual basis.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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: Automatic sprinkler systems are continously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 25, 1-11 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 automatic sprinkler system annual inspection report indicated the results of the annual main drain test were unsatisfactory. Comments on the annual inspection report indicated the main drain test could not be done properly because the floor drain could only handle the inspectors test flow. 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 of numerous required tests of the automatic sprinkler system. The automatic sprinkler system serves the entire facility.	K 062	K062 □ The facility will ensure that the automatic sprinkler system was continuously maintained in a reliable operating condition by rescheduling the main drain test. Outside company has been contacted to reschedule the main drain test for the automatic sprinkler system by February 29th. If flow cannot be drained to outside building, a barrier such as sand bags will be placed around the floor drain for any inspector test overflow. Completion of this test will fulfilled the required tests for the sprinkler system in accordance with NFPA 25. The facility has only one automatic sprinkler system so there is no other system that is affected by this practice. Facility staff will review this and future testing findings with outside vendor to ensure that all necessary tests have been completed satisfactorily. Annual and semi-annual inspections are currently monitored on a monthly schedule. Annual and semi-annual inspection requirements are scheduled and documented by outside vendor, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	3/7/16

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K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 1) Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes under normal operating temperature conditions. NFPA 110 6-4.2 The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Review of generator test records could not verify that monthly 30-minute load tests were conducted as required. Failure to inspect and maintain the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected monthly load tests for one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144	K144 □ The facility will ensure that the emergency generator is in compliance with NFPA 110 by conducting and documenting the load tests monthly for a minimum of 30 minutes under normal operating temperature conditions. In February, monthly test documentation will include date, time meter readings, transfer switch inspection and test, battery specific gravity, oil pressure, operating temperature, load Kw, staff initials and comments. This will be in addition to the weekly and quarterly documentation currently being completed. New process implemented for February and completed by February 29th. The facility has only one generator so there is no other equipment that is affected by this practice. Forms have been revised to include the necessary documentation. Retraining and review of related documentation has occurred with maintenance staff responsible for the test. The monthly tests will tracked throughout the year on a form listing the 12 months of the year with the date completed for this test. This test will be performed and documented by maintenance personnel, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	3/7/16

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