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 _____	**11/02/2016**

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

(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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities in compliance with 42 CFR 483.70(a)(b). 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 11/02/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K211 (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 211 SS=B	NFPA 101 Means of Egress - General 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 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Means of egress must be continuously maintained free of all obstructions or	K 211	A Fire Safety Evaluation System (FSES) was conducted as a result of the	11/2/16

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

Electronically Signed | 11/21/2016

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K 211	Continued From page 1 impediments to full instant use in the case of fire 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 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 The facility failed to keep corridors free of obstructions. Observation determined the water fountain in the exit corridor near the Reception Area extended approximately ten (10) inches from the corridor wall and protruded into the exit corridor. This deficiency affected exit access to one (1) of seven (7) exits from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 211	11/02/2016 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K211 (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies. Sandy Gerving	
K 347 SS=F	NFPA 101 Smoke Detection 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 STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) 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. The facility failed to ensure the smoke detection system was in compliance with NFPA 72,	K 347	K0347 □ To ensure that smoke detection system is in compliance with NFPA72, National Fire Alarm Code, smoke detectors that are less than 3 feet of an air supply diffuser or vent will be relocated to a location meeting the 3 ft. requirement ensuring that it is within 30 feet of the	11/30/16

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K 347	Continued From page 2 National Fire Alarm Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	next detector. This project will be completed by December 16, 2016. All smoke detectors within the system will be inspected to ensure that they are at least 3 feet from an air supply diffuser or air supply vent. Administrator and/or Maintenance Supervisor will visually approve any location of new detectors introduced into the system. During regular smoke detector cleanings and inspections, location will be reviewed to verify that detectors including new detectors are meeting the 3 ft. requirement from air supply vents or diffusers. This inspection is performed by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2 Review of documentation and interview of staff determined the facility failed to conduct and	K 901	K901 – Emergency preparedness policies will be revised to include an annual risk assessment procedure for identifying and categorizing all building systems per Chapter 4 (NFPA 99). A	11/30/16

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K 901	Continued From page 3 document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	risk assessment will be conducted for systems and required categories determined for all systems within the organization and documented with the emergency preparedness plan. This project will be completed by November 30, 2016. The risk assessment would be reviewed annually. The procedure would include a review of new systems that will be added to the annual risk assessment. The risk assessment will be performed by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	