STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE VILLAGE	4000 24TH AVE S GRAND FORKS, ND 58201

(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 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type I (332) construction. Attached to the facility and separated with an occupancy separation having a two-hour fire resistance rating was a one-story ancillary building known as the Commons Building, along with an assisted living unit to the north, and an independent living apartment building to the east. The Commons Building (Towne Square) housed service areas for the nursing facility to include dietary, auditorium, chapel, beauty shop, and exercise/game room. The Commons Building was of Type V (000) construction. The nursing facility and the Commons Building were protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: The facility failed to separate areas containing gas fireplaces from patient sleeping areas with	K 067	Woodside Village requests the categorical waiver referenced in the CMS communications (Reference- S&C:13-58-LSC and S&C-12-21-LSC) which allows Woodside Village to have a gas fireplace not separated by a one-hour fire-resistive rated partitions from resident sleeping areas. This text will be placed in the information provided to Life Safety Code surveyors for future surveys. There are no other portions of the facility that have fireplaces in the same one-hour fire-resistive rated partitions within resident sleeping areas. The fireplace is only used when staff is present.	4/21/14

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

Administrator 4/21/14

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
	355112	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 067	Continued From page 1 one-hour fire resistive rated partitions. Observation determined that seventeen (17) patient sleeping rooms were located in the same smoke compartment as the gas fireplace in the Hearthstone Dining Room.	K 067		