STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING **01** B. WING _____	**11/15/2022**

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
E 000	Initial Comments A recertification survey conducted on 11/15/2022 found Woodside Village in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies, 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 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 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. An addition of Type II (111) construction was attached to the southwest side of the existing facility in 2018. The addition was surveyed using Chapter 18 of the Life Safety Code. 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	K 000		

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

Electronically Signed | 11/28/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING **01** B. WING _____	**11/15/2022**

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K 000	Continued From page 1 Sprinkler Systems.	K 000		
K 132 SS=F	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the fire resistance rating of occupancy separation walls. Fire doors shall latch upon closure. 19.1.3.4.1, 6.1.14.4.1, 8.3.3.1, NFPA 80 6.1.4.3.1 Observation determined the pair of 90-minute fire rated cross-corridor doors through the two-hour fire-resistant rated occupancy separation wall from the nursing home to the assisted living building failed to self-close and latch. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire.	K 132	1. The latch on the fire door was fixed on November 18, 2022. 2. The Director of Environmental Services observed proper function of all other building separation doors on November 16, 2022. 3. All building separation doors are inspected quarterly. 4. The Director of Environmental Services will ensure the completion of the quarterly inspection and submit the results to the monthly Facility Safety meeting. 5. November 18, 2022.	11/18/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 132	Continued From page 2 The deficiency affected one (1) of one (1) occupancy separation barrier separating the nursing home and the assisted living building.	K 132		