STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355038	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERARDS COMMUNITY NURSING HOME	613 1ST AVE SW HANKINSON, ND 58041

(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 requirements. This facility was located in a two-story building with a penthouse. The upper floor houses the nursing facility and the main floor was the kitchen and administration. The building was Type I (332) construction. The nursing facility was separated from the kitchen/administrative floor by two-hour fire resistance rated construction. An independent living center was attached to the south side of the nursing facility and was separated by a wall with a two-hour fire resistance rating. This was a one-story building which was separated from the basement with a floor/ceiling assembly having a fire resistance rating of two hours. The main floor has apartments, activity room and dining room. The basement houses mechanical rooms and storage rooms. The building was Type III (211) construction due to a wood roof. Nursing facility residents use the living center Dining Room and Activity Room and the corridor that serves these areas, which was separated from the rest of the independent living building by an occupancy separation wall of two-hour fire resistance rating. A Fire Safety Evaluation System (FSES) was conducted as a result of the 05/11/11 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 012 -	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karen Dahlit	Administrator	5-25-11

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.

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K 000	Continued From page 1 Building Construction Type. The 2000 edition of the Life Safety Code does not allow portions of health care facilities to be Type III (211) construction unless protected throughout with an automatic sprinkler system. St. Gerard's Nursing Home does not meet the Life Safety Code requirements for building construction but does pass the FSES when all other deficiencies are corrected. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems by August 13, 2013.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to ensure the building construction type met appropriate provisions of the Life Safety Code. Observation determined the portion of the independent living building used for dining and activities was not an appropriate construction type. This building was two-stories, Type III (211) construction, and was not protected with an automatic sprinkler system. The Life Safety Code does not allow this type of construction for	K 012	A Fire Safety Evaluation System (FSES) was used for Tag K 012 - Building Construction Type compliance as a result of the 05/11/2011 Life Safety Code survey. The facility passes the FSES upon correction of all other deficiencies.	5/11/11

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K 012	Continued From page 2 existing health care occupancies without an automatic sprinkler system installed throughout.	K 012		
K 017 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The facility failed to provide corridors that were separated from use areas by walls with at least ½ hour fire resistance rating. Observation determined the second floor corridor walls had multiple through-wall data cable penetrations that were not sealed with fire rated material installed according to the manufacturer's instructions.	K 017	Fire stop sealant will be used around data cable. All corridors on second floor will be checked for more holes. In the future, when contractors come in, they will be required to fill any holes created before exiting the building upon completion of the project.	6-22-11
K 033 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are	K 033		

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K 033	Continued From page 3 enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This STANDARD is not met as evidenced by: The facility failed to ensure stairways were enclosed with fire resistive construction to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. Observation determined: 1) There were unsealed openings in the concrete block wall between the south stair enclosure and the 1st floor corridor. 2) There were unsealed spaces around pipe penetrations in the concrete block wall between the south stair enclosure and the 1st floor corridor. 3) There were unsealed spaces around pipe penetrations in the two-hour fire resistive occupancy separation wall between the south exit corridor and the Administrative/Business occupancy. 4) There were unsealed spaces at the head of wall joint in the two-hour fire resistive occupancy separation wall between first floor south exit corridor and the Administrative/Business	K 033	All unsealed spaces listed will be sealed with fire stop sealant. Fire rated sheet rock will be used where needed. In the future, when contractors come in, they will be required to fill any holes created before exiting the building upon completion of the project.	6-22-11

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K 033	Continued From page 4 occupancy.	K 033		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) The facility failed to ensure fire dampers were continuously maintained in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Maintenance for dampers must be performed at least every 4 years. Maintenance of dampers includes: (1) Fusible links shall be removed. (2) All dampers shall be operated to verify that they close fully. (3) The latch, if provided, shall be checked. (4) Moving parts shall be lubricated as necessary. Observation, records review and discussion with maintenance determined: a) The fire damper installed above the cross-corridor doors in the first floor occupancy separation wall had no access panel and was not maintained. b) The fire damper installed above the cross-corridor doors in the south building second floor occupancy separation wall had no access panel and was not maintained. Maintenance staff verified this routine	K 130	The two fire dampers mentioned will have access panels installed. These dampers will be added to maintenance checklist and inspections will be done every four years as required.	6-22-11

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K 130	Continued From page 5 maintenance has not been performed on dampers. 2) Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch. The facility failed to maintain the automatic transfer switch in compliance with these standards.Records review determined the facility had no documentation of annual maintenance for the transfer switch.	K 130	St. Gerards will implement an annual inspection program with the first inspection occuring prior to June 22, 2011. These annual inspections will be contracted and documentation will be provided and kept on file.	6-22-11