STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355038	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**02/08/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERARD'S COMMUNITY OF CARE	**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 2012 edition of NFPA 101, Life Safety Code, 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 with a penthouse. The upper floor housed 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 first floor kitchen/administrative floor (non-sprinklered) by construction having one-hour fire resistance rating. The second floor nursing facility and exit passageways on the first floor were protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An independent living center was attached to the south side of the nursing facility and was separated by an occupancy separation wall having 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 had apartments, Activity Room and Dining Room. The basement housed mechanical rooms and storage rooms. The building's main level was Type III (211) construction and was protected by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		

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

Electronically Signed | 02/16/2017

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K 000	Continued From page 1 Nursing facility residents used the Living Center Dining Room and Activity Room and the corridor that serves these areas.	K 000		
K 211 SS=F	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 from one floor onto another for the purpose of exiting the building shall be through a protected passageway to the outside of the building (exit discharge). The separation shall have a minimum 1-hour fire resistance rating where the exit connects three or fewer stories. Section 7.1.3.2.1(1) and 8.2. The facility failed to ensure the south exit passageway (one of two exit passageways) at the south end of the first floor was maintained with a one-hour fire resistance rating. Observation determined the one-hour wall separating the south exit passageway from the Administrative and Kitchen area in the center portion of the first floor had unsealed spaces on both sides of the wall around a through-wall penetration by a four (4) inch sprinkler pipe located above the fire doors. The fire resistance rating of the north separation wall was not confirmed due to completed construction enclosure.	K 211	Unsealed space above fire doors near kitchen in center portion of the 1st floor has been sealed on both sides of the wall around the through wall penetration of sprinkler pipe. By sealing this space, potential harm to residents will be decreased. Education regarding this requirement provided on 2/13/17 to maintenance director, safety director and administration in order to avoid such an error in future if remodeling, etc. QA will be done monthly x1 and quarterly x1year to ensure compliance maintained. Director of Maintenance responsible for QA.	3/20/17

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K 211	Continued From page 2 Failure to ensure the exit passageways had a one-hour fire resistance rating increases the risk of death and injury by fire. This deficiency affected egress from two (2) of two (2) second floor smoke compartments.	K 211		
K 351 SS=F	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic fire sprinkler system. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2). The facility failed to install a complete automatic fire sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler	K 351	Automatic fire sprinkler system, in accordance with NFPA 13, will be installed in the elevator equipment room, at top of elevator shaft and throughout the remainder of the first floor of our current building per NOVA. Process for having NOVA gather specifications and develop formal plan to	3/25/17

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K 351	Continued From page 3 Systems to provide adequate coverage for all portions of the building. Observation determined the center smoke compartment on the first floor and the Elevator Equipment Room had no automatic fire sprinkler system protection. The center smoke compartment was not separated from the remainder of the first floor by walls having a two-hour fire resistance rating. Failure to install an automatic fire sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected the administrative offices, the Elevator Equipment Room and the entire center smoke compartment on the first floor.	K 351	submit to Department of Health for review and approval has been started. By installing the automatic fire sprinkler system as described above, resident injury or death due to fire is avoided. Education regarding this requirement provided on 2/22/17 to maintenance director, safety director and administration in order to avoid such an error in future if remodeling, etc. QA will be done monthly x1 and quarterly x1year to ensure compliance maintained. Director of Maintenance responsible for QA.	
K 361 SS=E	NFPA 101 Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This STANDARD is not met as evidenced by: Smoke detectors are not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. Smoke detectors should be located farther away from high velocity air supplies. NFPA 72 National Fire Alarm and Signaling Code 2010 edition, 17.7.6.3.2, A.17.7.4.1. The facility failed to ensure smoke detectors were installed in accordance with NFPA 72	K 361	Smoke detector located in corridor at north end of 2nd floor was moved so is now more than 3ft away from the supply air diffuser. Smoke detector located in the east wing kitchenette area on 2nd floor was moved so is now more than 3ft away from the return air diffuser. The moving of these two smoke detectors according to regulation ensures that	3/20/17

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K 361	Continued From page 4 National Fire Alarm and Signaling Code. Observation determined: 1) A smoke detector located in the corridor at the north end of the 2nd Floor was located within three (3) feet of a supply air diffuser. 2) A smoke detector located in the East Wing Kitchenette on the 2nd Floor was located within three (3) feet of a return air diffuser. Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous smoke detectors in the building.	K 361	potential harm, injury or death to residents will be avoided due to fire. Education regarding this requirement provided on 2/13/17 to maintenance director, safety director and administration in order to avoid such an error in future if remodeling, etc. QA will be done monthly x1 and quarterly x1year to ensure compliance with maintained. Director of Maintenance responsible for QA.	
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: Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. Categories shall be determined by following and documenting a defined risk assessment	K 901	Formal and documented risk assessment of building systems completed by Safety and Maintenance Directors and Administration to meet Category 1 through 4 requirements as detailed in	3/20/17

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K 901	Continued From page 5 procedure. NFPA 99 Health Care Facilities Code, 2012 edition, Section 4.1, 4.2. The facility failed to provide a documented risk assessment of building systems. Review of documentation and interview of staff determined the facility failed to conduct and 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	NFPA 99. This having been completed according to regulation decrease the risk of injury or death due to fire and ensures that potential harm to residents will be avoided. Education regarding this requirement provided on 2/15/17 entire management team at weekly "stand-up" meeting QA will be done monthly x1 and quarterly x1year to ensure compliance with maintained. Safety Director responsible for QA.	