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 _____	R **07/06/2011**

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 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

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}		