STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. BUILDING **01 - MAIN BUIDLING** B. WING _____	**09/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVE MARIA VILLAGE	**501 19TH ST NE JAMESTOWN, ND 58401**

(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 one-story building of Type V (000) construction with a partial basement. An addition of Type II (000) construction was attached to the south end of the Service Wing in 2014. The building was equipped with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An assisted living complex was attached to the west side of the nursing facility and was separated by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times.	K 211	PART 1: 1. Maintenance staff will install extended	10/20/17

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

Electronically Signed | 09/15/2017

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K 211	Continued From page 1 1) During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.3.1 Observation determined the following corridor doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Housekeeping Room by Room A36. 2) The corridor door to the Housekeeping Room by Room D36. 3) The corridor door to the Housekeeping Room by the Shipping and Receiving Room. 4) The corridor door to the Housekeeping Room by the north exit door in the Service Wing. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected four (4) of numerous corridor doors in the means of egress throughout the facility. 2) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. (114 mm) on each side shall be	K 211	hinges on all four doors in question, which will enable them to be opened to a 180 degree angle, and thus be in compliance with the requirement of protruding no more than 7 inches into the corridor space. 2. An inspection of all doors in the facility which swing out into the corridor was performed by the maintenance director on 9/5/17. It was determined that the four doors listed in K211 are the only ones out of compliance. 3. Once the aforementioned action has been taken, the issue will have been permanently resolved, barring any future renovation or construction. 4. Not applicable. PART 2: 1. At the direction of the maintenance director, a heating and cooling contractor will be engaged to replace all eight heaters mentioned in K211 with units which protrude no more than 4 1/2 inches into the corridor space. 2. An inspection of all facility corridors was performed by the maintenance director on 9/5/17. This inspection showed that there are no addition heaters which are out of compliance. 3. Once the non-compliant heaters have	

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K 211	Continued From page 2 permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 Observation determined: 1) A fixed heater that was located in the corridor by the Nurse Station in the Acorn Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. 2) A fixed heater that was located in the corridor by Room A35 in the Acorn Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. 3) A fixed heater that was located in the corridor by Room B33 in the Bison Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. 4) A fixed heater that was located in the corridor by the east exit door in the Bison Wing extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. 5) A fixed heater that was located in the corridor by the east exit door in the Cottonwood Wing extended approximately six (6) inches from the corridor wall and protruded into the exit corridor. 6) A fixed heater that was located in the corridor by Room C33 in the Cottonwood Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. 7) A fixed heater that was located in the corridor by Room D35 in the Cottonwood Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. 8) A fixed heater that was located in the corridor by north exit door in the Service Wing extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor.	K 211	been replaced, this issue will have been permanently resolved, barring any future renovation or construction. 4. Not applicable.	

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K 211	Continued From page 3 The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from three (3) of three (3) smoke compartments in the facility.	K 211		
K 347 SS=E	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors in the following areas were installed within 36 in. of an air supply diffuser or return air opening: 1) The corridor by the Clean Utility Room in Acorn Wing. 2) The corridor by the Family Room in Acorn	K 347	1. An inspection of all 149 smoke detectors in the facility will be performed by the maintenance director to determine whether there are any other non-compliant situations where a detector is within 36 inches of an air supply diffuser or return air opening. Based on this inspection, the four locations mentioned in K347, plus any additional non-compliant detectors which are found, will be modified by maintenance staff and/or an electrical contractor so that they are brought into compliance. 2. See number 1 above. 3. Once repairs/modifications have been made, the issue will be permanently resolved, barring any future renovation or	10/20/17

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K 347	Continued From page 4 Wing. 3) The Therapy Electrical Room. 4) The Coffee Shop. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected four (4) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	construction. 4. Not applicable	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property	K 353	1. A preventive maintenance system has been put into place by maintenance director as of 5/6/17. This system	9/8/17

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K 353	Continued From page 5 owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	includes documentation of each monthly inspection performed by maintenance director or other maintenance staff. The preventive maintenance tool includes documentation of each monthly inspection, which includes date, initials of the person doing the inspecting, pressure reading, and valve positioning. Any findings outside acceptable standards will be addressed, with documentation of any corrective measures taken. All maintenance staff were educated by maintenance director on 5/7/17. 2. Not applicable. 3. See #1 above. 4. Facility safety officer will inspect the aforementioned preventive maintenance documentation on a quarterly basis, to ensure that all is in order.	
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Portable fire extinguishers shall be provided in all health care occupancies. Extinguishers shall	K 355	1. Maintenance staff has raised all non-compliant fire extinguishers up at	9/8/17

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K 355	Continued From page 6 be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm). 19.3.5.12, 9.7.4.1, NFPA 10, 6.1.3.8.3 The facility failed to install fire extinguishers in accordance with NFPA 10. Observation determined sixteen (16) hand portable fire extinguishers throughout the facility were installed with the bottom of the extinguisher less than 4 in. above the floor. Failure to install fire extinguishers in accordance with NFPA 10 increases the risk of death or injury due to fire. This deficiency affected sixteen (16) of thirty three (33) fire extinguishers in the facility.	K 355	least four inches off the floor, by insertion of a spacer in the bottom of each extinguisher cabinet. 2. Maintenance director visually inspected all fire extinguishers on 5/7/16, to ensure that all extinguishers not listed in K355 are in compliance. All others were found to be compliant. 3. Above mentioned action will permanently resolve the issue facility-wide. 4. Not applicable.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.	K 712		10/20/17

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K 712	Continued From page 7 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Drills shall be conducted quarterly on each shift to familiarize facility personnel with the signals and emergency action required under varied conditions. 19.7.1.6 The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The last four (4) fire drills for the AM shift occurred at 9:43 am, 10:15 am, 11:25 am and 10:05 am. 2) The last four (4) fire drills for the PM shift occurred at 4:40 pm, 3:45 pm, 3:20 pm and 3:45 pm. Fire drills are required to be conducted under varied conditions. The condition of the time of the day was not varied. Six (6) fire drills in the past year all occurred at times within 32 minutes of each other in an 8 hour shift. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected six (6) of twelve (12) drills in the past year.	K 712	1. Facility safety officer and maintenance director will formulate a schedule of fire drills several months in advance, bearing in mind that drills must be conducted at various and varied times on all shifts. No other facility staff will be made aware of this schedule, to ensure that drills are not expected or anticipated on a particular day or time. The fire drill policy will be updated to reflect this. 2. Not applicable. 3. See #1 above. 4. Quality assurance monitoring will be conducted by the safety officer on a quarterly basis ongoing, to ensure that fire drills are actually being held at times which are compliant with this requirement. Any issues will be reported to the facility QAPI committee for review and possible action.	