STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HI-ACRES MANOR NURSING CTR	1300 2ND PL 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 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The facility was located in a one-story building of Type II (000) construction with a partial basement. The facility had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The Chapel addition was separated by 2-hour fire-rated construction and was Type III (200) construction. A Fire Safety Evaluation System (FSES) was conducted as a result of the 03/02/10 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by the FSES and will pass the FSES when all other deficiencies have been corrected.	K 000		
K 038 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. 7.7.1 To ensure adequate exit capability, CMS requires	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 03/02/10 Life Safety Code survey to allow exits to public ways to traverse grassy surfaces. If all other deficiencies are corrected, the facility passes the FSES.	3/2/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Gary M. Rifle	Administrator/President	3/29/10

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 038	Continued From page 1 asphalt or concrete surfaces from exterior exits to public ways. Observation determined the two (2) exterior exits from the Chapel and the exterior exit from the Dining Room traverse the lawn to get to a public way.	K 038		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the lack of sprinkler protection in the Special Care Unit electrical closet.	K 056	The electrical closet that does not have a sprinkler head is 12" deep by 67" wide x 112" tall and has a set of double doors that are 30" wide each. These are 30 minute rated doors. This electrical closet is not used for storage, but has two 200 amp electrical panels inside. Outside of this electrical closet is a common area that is adequately sprinkled. The electrical closet in question will be sprinkled by 4/16/10. At that point, Hi-Acres Manor will be compliant with NFPA 13 standard. Hi-Acres Manor maintenance staff will continue to monitor all areas of the building to stay compliant with NFPA 25 standard. Hi-Acres Manor does and will continue to contract with a sprinkler company to conduct annual compliance checks to ensure compliance with NFPA 25 standard of the NFPA 101 Life Safety Code standard	4/16/10