STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355101	A. BUILDING **02 - DAKOTA ALPHA** B. WING _____	**03/02/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA ALPHA	**1303 27TH STREET NW** **MANDAN, ND 58554**

(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 The 2000 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies, was used for this survey in compliance with 42 CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility is located in a one-story building of Type V (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1. This STANDARD is not met as evidenced by: Doors to hazardous areas must be self-closing and be equipped with self-latching hardware. The facility failed to ensure doors to hazardous areas were provided with self-closing devices and self-latching hardware to keep the door closed. Observation determined the north and south doors to the Activities Department Storage Room were not equipped with self-closing devices. Failure to separate hazardous areas increases the risk of death or injury due to fire.	K 029	The facility corrected the north and south doors to the Activities Department Storage Room by buying self-latching hardware and installing it on these doors. All residents had the potential of being affected by this deficient practice. These two doors are the only two doors in the facility that were out of compliance with the code. This will ensure separate hazardous areas and this will avoid increases to risk of death or injury due to fire in the facility.	3/7/16

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

Electronically Signed | 03/14/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355101	A. BUILDING **02 - DAKOTA ALPHA** B. WING _____	**03/02/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA ALPHA	**1303 27TH STREET NW** **MANDAN, ND 58554**

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K 029	Continued From page 1 This deficiency affected one (1) of six (6) hazardous areas.	K 029	All staff have been notified of this correction on 03/07/16. The completion date was 03/07/16.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. 6-3.6. Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Record review determined the specific gravity of the emergency generator battery was not checked at seven (7) day intervals. Failure to inspect and maintain the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) emergency generator which provides all emergency power to the facility.	K 144	An additional checklist item for completing the Emergency Generator Inspection Weekly was put into place on 03/14/16. The weekly checklist now includes the specific gravity of the emergency generator battery. The facility has only (1) generator at this time within the facility that the maintenance staff will monitor. The maintenance staff will monitor the weekly checklist and document results on this new checklist each week and with not more than (7) day intervals in between each test. The maintenance staff will document the results on The plan of correction was put in place on 03/14/16.	3/14/16