DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDCENTER ONE MANDAN CARE CENTER OFF COLLINS	201 14TH 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 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 finding that follows demonstrates noncompliance with these standards. The facility is located in a one-story building of Type II (000) construction on a concrete slab. The facility is protected throughout by a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 7/11/12 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by and will pass the FSES.	K 000	Plan of Correction Medcenter One Mandan Care Center off Collins Survey Date: 7-11-12	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by:	K 025	K025 All penetrations in smoke barriers will be closed with fire caulk. All smoke barriers have the potential to be affected when maintenance and/or contract work is completed. Each time maintenance and/or contract work impacting smoke barriers is completed; maintenance staff will visibly inspect smoke barriers and close any penetrations with fire caulk. The CQI manager will audit smoke barriers monthly x3 for maintenance and/or contract work, visual inspection of smoke barriers by maintenance staff, and closure of any penetrations with fire caulk. QA committee will review with any further recommendations to be followed. All the aforementioned corrective action was put in place on July 17, 2012.	

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

Murphy Nancy | Administrator | 7/17/12

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 025	Continued From page 1 The facility failed to ensure six (6) of six (6) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined the smoke barriers throughout the facility had electrical conduit and low-voltage wiring penetrations that were not sealed with fire rated material.	K 025		
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 asphalt or concrete surfaces from exterior exits to public ways. Observation determined the southeast exterior exit from the Administration Smoke Compartment traversed the lawn to get to a public way.	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 7/11/12 Life Safety Code survey to allow exits to public ways to traverse grassy surfaces. The facility passes the FSES. Upon correction of all other deficiencies.	