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 _____	**07/08/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH CONTINUING CARE CENTER OFF COLLINS	**201 14TH ST 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 findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type II (000) construction on a concrete slab. The facility was 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 07/08/2015 Life Safety Code survey. Tag K038-1 Exit Access was specifically addressed by and passes the FSES upon correction of all other deficiencies.	K 000		
K 038	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: 1) 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	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038-1 of the 07/08/2015 Life Safety Code survey to allow the Administrative Wing exit to the public way to traverse grassy surfaces. The facility passes the FSES	8/21/15

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

Electronically Signed | 07/16/2015

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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	355106	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/08/2015**

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K 038	Continued From page 1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS S&C-07-05 The facility failed to provide hard surfaces from all required exits to public ways. Observation determined the southeast exterior exit from the Administration smoke compartment traversed the lawn to get to a public way. The deficiency affected one (1) of eight (8) required exits from the building. 2) Abrupt changes in elevation of walking surfaces shall not exceed ¼ inch. Changes in elevation exceeding ¼ inch, but not exceeding ½ inch, shall be beveled 1 to 2. Changes in elevation exceeding ½ inch shall be considered a change in level and shall be subject to the requirements of 7.1.7. 7.1.6.2 The facility failed to ensure walking surfaces in the means of egress do not exceed ¼ inch in elevation change. Observation determined the sidewalk outside the exit from the 600 Wing had an elevation change of over one (1) inch between concrete slabs. Failure to ensure means of egress comply with 7.1.6 of the Life Safety Code, Walking Surfaces in the Means of Egress, increases the risk of death or injury due to fire. This deficiency affected one (1) of eight (8) required exits from the building.	K 038	upon correction of all other deficiencies. New walking surfaces will be installed to ensure there are no abrupt changes in elevation in the means of an egress exceeding 1/4 inch change. All walking surfaces surrounding building will be assessed to ensure there are no elevation changes greater than 1/4 inch between concrete slabs.	

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	355106	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/08/2015**

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K 054	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors should not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. NFPA 72 A-2-3.5.1 The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm Code. Observation determined a smoke detector located in the Front Lobby was mounted on the ceiling approximately two (2) feet from a ceiling fan. Failure to install detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of numerous smoke detectors in the facility.	K 054	K054 was corrected on July 8th 2015 by moving smoke detectors in the front lobby greater than 3 feet from ceiling fan. Two smoke detectors were moved greater than 3 feet from ceiling fan, and assessed all other areas of the building to ensure smoke detectors were not located within 3 feet of an air supply diffuser or return air opening.	7/8/15