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	08/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH CONTINUING 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 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 08/04/2014 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by and passes the FSES upon correction of all other deficiencies.	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	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 08/4/2014 Life Safety Code survey to allow the Administrative Wing exit to the public way to traverse grassy surfaces. The facility passes the FSES upon	

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

Mindy Marcus | Administrator | 8-11-14

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.

emailed 8-13-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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. 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.	K 038	correction of all other deficiencies.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located	K 144	K144 was corrected on August 8, 2014 by installing a manual stop switch for the emergency generator outside of the generator room. No other areas in the facility have the potential to be affected as there is one emergency generator providing emergency power to the facility. The manual stop switch will be tested and remain in place to ensure the deficient practice will not recur. The manual stop switch will be monitored by testing monthly during the monthly load testing of the emergency generator. All the aforementioned corrective action was put in place on August 8, 2014.	

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K 144	Continued From page 2 external to the weatherproof enclosure and should be appropriately identified. NFPA 110, Standard for Emergency and Standby Power Systems. The facility failed to ensure the emergency generator was in compliance with NFPA 110. Observation determined there was no remote stop switch for the generator located outside of the generator room. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 1999 NFPA 110 Section 3-5.5.6	K 144		