STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES	600 S MAIN ST MINOT, ND 58701

(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 NFPA101, Life Safety Code, Chapter 19 Existing Health Care Occupancies, in compliance with 42 CFR 483.70(a). The facility is located in a two-story building of Type II (000) construction with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 054 SS=D	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: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Review of smoke detector test results indicated not all components of the smoke detection system had passed the sensitivity testing and were in compliance with the minimum requirements of NFPA 72. The test records	K 054	1. Facility will replace the current smoke detectors and sensitivity test per guidelines. 2. Facility will review contractor reports to ensure compliance within regulatory guidelines. 3. Facility will purchase extra detectors to have on site so they can be replaced when identified. Contractor will flag report to help ensure that issues are identified and can be fixed timely. Facility will work closer with contractor to ensure that findings during the inspection are relayed prior to existing the building. 4. Maintenance Director or designated staff member will review reports in detail to ensure that any follow-up needed is taken care of timely. 5. February 10th, 2010	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	2/9/10

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 054	Continued From page 1 indicated the smoke detector located at the 1st floor Dining North and 1st floor Entry Commons had failed the 2009 sensitivity test and were not replaced.	K 054		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined: 1) The sprinklers in the 2nd floor corridor to the Therapy Room were spaced approximately eighteen (18) feet apart, which exceeds the spacing limitation for standard sprinklers. 2) The sprinkler coverage in the 1st floor West Wing Storage Room was obstructed by surface mounted light fixtures. 3) A sprinkler in the Laundry Room was obstructed by a surface mounted air conditioner unit.	K 062	1. Maintenance Director will make contact with Contractors to correct all issues with the sprinkler heads identified. 2. Maintenance Director or designated staff will review sprinkler head placement to ensure compliance. 3. As we have changes in facility layout the Maintenance director will review with General Contractor's the sprinkler placement to ensure compliance. A walk through of the facility will occur to specifically review sprinkler head placement to ensure compliance. 4. Maintenance director or designated staff member will inspect newly renovated areas with contractor to ensure compliance. 5. February 12th, 2010	