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 _____	**02/03/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	**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 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 two-story building of Type II (000) construction. The building had no basement. The building was protected by a wet/dry 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 One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care	K 029	The Life Safety Code inspection identified a self-closing door to a hazardous area (laundry),that did not consistently latch when allowed to self close. The latching mechanism was loosened due to consistent use. 1. The movement of the latching system has been corrected by immobilizing the handle mounting plate to a fixed position thereby creating a consistently	2/19/16

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

Electronically Signed | 02/18/2016

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K 029	Continued From page 1 occupancies were equipped with self-closing/automatic latching hardware. Observation determined the door to the Laundry did not self-close and latch into its frame. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	operational self-closing system. 2. The Maintenance Director or designee will identify all other self-closing doors to hazardous areas to be checked and create a tool for scheduled checks within the TEIS system. 3. Weekly safety walk-through checks will be conducted to test the function of other coded self-closing doors. 4. Monthly random safety audits will be conducted by safety committee or designee to assure other self-closing systems meet LSC 2000.	
K 038 SS=D	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) Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1: Door-locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. (See 19.1.1.1.5 and 19.2.2.2.5.) Exception No. 2*: Delayed-egress locks complying with 7.2.1.6.1 shall be permitted,	K 038	1. An egress in the therapy department was identified to have a coded self-release system, at both the top and bottom of the stairs leading to grade exit, potentially requiring a catagorical waiver request. Upon further inspection it is only coded with mag-lock at the top of the stairs with the lower door to egress being alarmed only without coded egress or mag-lock. 1a. A second concern identified was delivery of boxed supplies into the south 2nd floor entry hallway. The facility has developed a system to distribute all containers when delivered to a secure	2/19/16

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K 038	Continued From page 2 provided that not more than one such device is located in any egress path. The facility failed to ensure not more than one delayed-egress locking device was installed on more than one door located in any egress path. Observation determined the egress path from the 2nd floor Physical Therapy Room had an exit stair which had a delayed egress locking device on the door at the top of the stair and also had a delayed egress locking device on the door at the bottom of the stair which leads to the public way. Failure to ensure locking devices on doors in the paths of egress complied with these requirements increases the risk of injury and death due to fire. This deficiency affected one (1) of five (5) paths of egress from the building. 2) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 The facility failed to keep exit corridors free of obstructions. Observation determined one (1) table and twenty-eight (28) boxes were located in the south	K 038	storage area, rather than using the corridor as a distribution point. The table with registration of visitors and hand gel has been relocated to the front lobby on 1st floor. 2. All egress corridors are to be free of obstruction that is not actively being used and moved within 15 minute intervals. Staff will be educated to identify, notify, and correct inappropriate storage in exit corridors. 3. Delivery entrances will be posted to alert that the exit corridors must be clear of obstruction. 4. Storage of items in corridors is prohibited in LSC 2000. Weekly audits will be conducted by administration in addition to daily walk through by administration or designee. or safety designee to assure compliance.	

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K 038	Continued From page 3 2nd floor corridor during and at the conclusion of the survey. This deficiency affected access to one (1) of five (5) exterior exits from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038		
K 062 SS=F	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: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. The facility failed to ensure the automatic sprinkler system was maintained in accordance with NFPA 25.	K 062	1. Documentation of semi-annual Fire Sprinkler inspections will be maintained in the maintenance shop in log books with any invoices and authorizations for work orders and inspections attached for review on inspection. Copies of any identified modifications to systems will be forwarded to administration for timely intervention and approval. 2. The facility utilizes the automated TELS system to schedule, alert, and provide follow-up documentation to systems scheduled for preventative maintenance and routine inspection. 3. With secondary follow-up notification to administration with identified compliance issues, there will be an added layer of accountability.	2/19/16

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K 062	Continued From page 4 Records review indicated the automatic sprinkler system was inspected by an outside sprinkler maintenance company representative on 08/25/2015. The sprinkler records indicated the outside bell and tamper switch failed to operate satisfactorily. The facility had no records to indicate these sprinkler system deficiencies were corrected. Failure to maintain the automatic sprinkler system in a reliable operating condition increases the risk of injury or death. This deficiency affected the entire facility.	K 062	4. The facility Maintenance Director will provide Administration with monthly TELS reports identifying completed and corrected inspections as well as any upcomming sceduled inspections to be reviewed in the following month.	