STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355081	A. BUILDING 02 - ROLETTE COMMUNITY C. B. WING _____	06/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLETTE COMMUNITY CARE CENTER	804 STATE STREET ROLETTE, ND 58366

(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 18 New Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility is located in a one-story building of Type V (III) construction that is protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000	K 017 1. A smoke detector will be installed in the lounge area in the 300 wing. 2. A thorough check of all of the areas of the building will be done to make sure that all required smoke detectors are installed in the building. 3. A check of all areas of the building will be done to ensure all required smoke detectors are in place and functional. 4. The installation of the smoke detector will be monitored by Administrator. The building will be checked to see if all smoke detectors are installed. The results will be taken to the QA committee for further review.	7-17-10
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5 This STANDARD is not met as evidenced by: When applying exception No. 1 to 18.3.6.1 for areas open to the corridor of unlimited size, the space must be protected by an electrically supervised automatic smoke detection system when the space is not in direct supervision of the facility staff from a nurses station or similar space. The facility failed to ensure areas that were open to the corridor were electrically supervised with an automatic smoke detection system or in direct supervision of a nurses station. Observation determined the Open Lounge Area	K 017		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Luther Stone — TITLE: Administrator — (X6) DATE: 6-16-2010

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 ays 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 017	Continued From page 1 of the 300 Wing was not protected by the facility's electrically supervised automatic smoke detection system.	K 017	K 025 1. The two insulated pipes and one electric conduit penetrations will between room 301 and the lounge area adjacent to the nurses station will be sealed with fire rated material. 2. The Director of Maintenance will observe all areas of the building to make sure that no penetrations are present in smoke barriers. If any are found, they will be sealed with fire rated material. 3. An inspection of the smoke barriers will occur by the Administrator and the Director of Maintenance. 4. The results of the inspection of the smoke barriers will be taken to the QA committee. The QA committee will decide if further action is necessary.	7-17-10
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-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 in approved 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. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of three (3) smoke barriers was at least one-hour fire resistant and smoke resistant. Observation determined two insulated pipe and one electrical conduit penetrations through the smoke barrier wall between Resident Room 301 and the Lounge Area adjacent to the Nurses Station were not sealed with fire rated material.	K 025		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in	K 029	K 029 1. The north door to shipping /receiving room 508 will be labeled as a 45 minute fire rated door assembly. 2. All doors to hazardous areas will be checked to make sure they are labeled as a 45 minute fire rated door assembly 3. 4. The north door to shipping/receiving room and the other	7-17-10

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K 029	Continued From page 2 accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: The facility failed to protect the door opening to one (1) of seven (7) hazardous areas with a fire-rated door assemby. Observation determined the north door to Shipping/Receiving Room 508 was not labeled as a 45-minute fire-rated door assembly.	K 029	doors to hazardous areas will be checked to make sure that they are labeled. This will be done monthly for one month. The results will be taken to the QA committee for further review.	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: LPG tanks of 1000-lb or less shall incorporate protection against physical damage to cylinder. NFPA 58 Liquefied Petroleum Gas Code Section 2.2.4.1 The facility failed to install the liquefied petroleum tank in accordance with NFPA 58, Liquefied Petroleum Gas Code. The liquefied petroleum tank installed for the clothes dryer fuel supply was located adjacent to the parking lot and between the generator storage building and the garbage dumpster. The liquefied petroleum tank was not protected against damage from vehicles.	K 130	K 130 1. Barriers will be put in place so that vehicles will not damage the tank. 2. This is the only liquefied petroleum tank on the property. If another tank is added, barriers will be put in place. 3. After the barriers have been installed, their integrity and strength will be visually monitored. 4. The barriers and their placement will be monitored once for one month. The results of this monitor will be taken to the QA committee for further review.	7-17-10