STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355044	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/28/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTRAIL BETHEL HOME	**615 6TH ST SE** **STANLEY, ND 58784**

(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 standards. The facility was located in a one-story building with a partial basement. The building was of Type II (000) construction protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and smoke detection throughout the corridor system. The following were attached to the facility and separated by occupancy separation walls having a two-hour fire resistance rating: 1) Mountrail County Medical Center (west side). 2) Independent Living Apartments (north side). 3) Aquatic Center (south side).	K 000		
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by:	K 011		8/31/15

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

Electronically Signed | 08/07/2015

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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K 011	Continued From page 1 The facility failed to ensure communicating openings through a two-hour fire resistant rated occupancy separation wall occur only in corridors. 19.1.1.4.2 Observation determined: 1) There was a doorway through the two-hour fire resistant rated occupancy separation wall from the corridor in the nursing home to the Waiting Room in the hospital. 2) There was a doorway through the two-hour fire resistant rated occupancy separation wall from the corridor in the hospital to the Reception Office in the nursing home. 3) There was a doorway through the two-hour fire resistant rated occupancy separation wall from the Acute 1 Room in the nursing home to the Acute 1 Waiting Room in the hospital. 4) There was a doorway through the two-hour fire resistant rated occupancy separation wall from the Acute 1 Room in the nursing home to the Acute 1 Toilet Room in the hospital. Failure to ensure communicating openings through two-hour fire resistant rated occupancy separation walls occur only in corridors increases the risk of death or injury due to fire. This deficiency affected one (1) of three (3) two-hour fire resistant rated occupancy separation walls in the facility.	K 011	1. A two hour fire barrier is not required for occupancy separation between the hospital and nursing home. Therefore we will no longer maintain this wall as a two hour fire barrier, but as a smoke barrier between the hospital and nursing home. The hospital and nursing home utilize the same fire protection system and sprinkler system, and follow the same safety rules and regulations throughout the whole facility. 2. All two-hour fire walls will be inspected by Plant Operations Director or his designee, making sure they are in compliance with Life Safety codes. 3. A new policy will be developed by Plant Operations Director or his designee and adopted by the facility to make sure Mountrail Bethel Home is in compliance with Life Safety codes addressing all two-hour fire walls. 4. Monitoring will be conducted by Plant Operations Director or his designee and reported to Quality Assurance Committee on a quarterly basis for one year to inspect all two-hour fire separations making sure they are in compliance. 5. Completion date August 31, 2015.	