STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CARE CENTER	979 CENTRAL AVE N VALLEY CITY, ND 58072

(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 and Chapter 19 Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility was comprised of three separate buildings: 1) The original 1957 four-story building was of Type II (222) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the east side of the original four-story building was a three-story addition which was constructed in 1988. The three-story structure was of Type II (222) construction equipped with an automatic sprinkler system designed to meet the requirements of NFPA 13. 2) Attached to the north side of the original four-story building was a one-story building of Type II (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13. The two buildings were separated by a two-hour rated wall. 3) Attached to the north end of the one-story building was a one-story addition built in 2006 of Type V (111) construction with an automatic sprinkler system designed to meet the requirements of NFPA 13. The buildings were separated by a two-hour fire rated wall. The 2006 addition was surveyed using Chapter 18 New Health Care Occupancies.	K 000		
K 012 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

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

Chris Christianson | CEO | 3-22-11

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
	355077	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CARE CENTER	979 CENTRAL AVE N VALLEY CITY, ND 58072

(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 012	Continued From page 1 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to provide a structure that meets the requirements of the Life Safety Code. Observation determined the 1988 three-story addition of Type II (222) construction with an automatic sprinkler system was built with a wood framed roof. The wood framed roof has two layers of 5/8 " Type X gypsum board attached to the bottom of the rafters. The three- story addition with a wood framed roof exceeded the allowable height for the construction type.	K 012	A Fire Safety Evaluation System (FSES) was used for Tag K 012 Building Construction Type compliance as a result of the 03/08/11 Life Safety Code survey. The facility passes the FSES upon correction of all other deficiencies.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure the exit signs were displayed with continuous illumination. Observation determined the exit sign at the south west stair tower was illuminated with a single lamp.	K 047	**<u>K 047 NFPA 101 Life Safety Code Standard</u> – Exit and Directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system.** 1. The exit and directional sign at the southwest stair tower will be replaced with the correct exit lighting signs. **2.** Inspection of all exit and directional signs will be completed. New exit and directional signs will be put in place if found to have a single lamp. **3.** Annual inspection by maintenance will be completed. **4.** Monitoring will be completed through annual inspection by maintenance.	4/15/11