STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/12/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST** **WAHPETON, ND 58075**

(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 42CFR 483.70(a). The findings that follow demonstrate non compliance with these standards. The original building was one-story of Type II (111) construction. Additions attached to the structure were of Type V (000) construction. The building was protected with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for Installation of Sprinkler Systems. A Fire Safety Evaluation System (FSES) was conducted as a result of the 05/12/2015 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 024 - Travel Distance within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 011 SS=F	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: The facility failed to separate other occupancies as required.	K 011	1. The facility separate 3 of 3 communicating openings in the 2-hour fire	5/21/15

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

Electronically Signed | 05/21/2015

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 Observation and interview determined that three (3) of three (3) communicating openings in the 2-hour fire resistance rated barrier separating the old basic care facility from the nursing facility were not in corridors as required. 1) There was one (1) door from the Linen Room on the old basic care facility side of the barrier that led to a corridor in the nursing facility. The door had been sealed with two (2) layers of 5/8 gypsum board on the nursing facility side of the barrier but was not sealed on the old basic care side of the barrier to provide a 2-hour fire fesistance barrier. 2) There was one (1) door from the Supply Room on the old basic care facility side of the barrier that led to the Activity Room in the nursing facility. The door had been sealed with two (2) layers of 5/8 gypsum board on the nursing facility side of the barrier but was not sealed on the old basic care side of the barrier to provide a 2-hour fire resistance rated barrier. 3) There was one (1) door from the Mechanical Room on the old basic care facility side of the barrier that led to the Activity Room in the nursing facility. The door had been sealed with two (2) layers of 5/8 gypsum board on the nursing facility side of the barrier but was not sealed on the old basic care side of the barrier to provide a 2-hour fire resistance barrier. Only doors that lead to corridors on both sides of the barrier are permitted. Failure to separate additions as required increases the risk of death or injury due to fire. The deficiency affected the entire facility.	K 011	resistance rated barrier separating the old basic care facility from the nursing facility. 2. The facility will ensure all common walls with a nonconforming building, have a common wall fire barrier of at least a two-hour fire resistance rating constructed of materials as required for additions. 3. Maintenance will install two layers of 5/8 sheetrock to the back side of the storage room doors between the North activity room and the 700 wing to maintain a 2 hour fire barrier. All other areas have a 2-hour fire resistance rated barrier for separation. 4. Installation to be complete by 6/25/15. 5. Maintenance will maintain a quarterly check to ensure fire barrier walls are maintained in accordance with NFPA standard.	

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K 011	Continued From page 2 Ref: 2000 NFPA 101 Section 19.1.1.4.2	K 011		
K 024 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD The smoke compartments do not exceed 22,500 square feet and the travel distance to and from any point to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1 This STANDARD is not met as evidenced by: The facility failed to ensure the travel distance to reach a door in the required smoke barrier did not exceed 200 feet. Observation determined the 500/600 Wing smoke compartment exceeded the maximum 200 feet travel distance to reach the nearest smoke barrier. Failure to ensure travel distance within a smoke compartment complies with Life Safety Code requirements increases the risk of death or injury due to fire. This deficiency affected one (1) of five (5) smoke compartments in the facility.	K 024	A Fire Safety Evaluation System (FSES) was conducted as a result of the 05/12/2015 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 024 - Travel Distance within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	5/21/15
K 038 SS=E	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	K 038		5/21/15

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K 038	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times. Observation determined the facility had not ensured that doors in the means of egress were not locked against egress when the building was occupied. The exterior exit doors from the 500/600 Wing, 100/200 Wing, 400 Wing and Main Entrance were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from four (4) of an estimated eight (8) exterior exits from the facility. Ref: 2000 NFPA 101 Section 19.2.2.2.4, 7.2.1.6.2	K 038	1. The facility will ensure exit access is readily accessible at all times in accordance with section 7.1. 2. The facility will ensure exit access is readily accessible at all times in accordance with section 7.1. 3. Protection Systems has been hired to install a pressure switch with a 15 second delay to release the door and have means of exit. 4. Installation to be complete by 6/25/15. 5. Maintenance will maintain a monthly check to ensure doors are working properly and maintain means of egress.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper	K 056		5/21/15

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K 056	Continued From page 4 switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13. The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1) The Old Activity Office, Old Medication Room, Janitor Room, North Restroom, Exit Vestibule, and the west side of the old Nurses Station in the 700 Wing lacked sprinkler coverage. 2) There were tiles missing from the suspended ceiling along the south and west walls of the 700 Wing Central Supply Room that could delay the activation of the sprinkler system. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected seven (7) of numerous areas in the facility.	K 056	1. The facility will install Sprinkler heads in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Maintenance will install missing ceiling track and tiles in the north storage room. 2. The facility will install Sprinkler heads in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Maintenance will check entire building ceiling to ensure there are no missing ceiling tiles. 3. Ace Fire Protection has been hired to install sprinkler heads in the 700 nurses station, med room, janitor's closet and old activity office. Maintenance will install missing ceiling track and tiles in all areas. 4. 6/25/15 5. Sprinkler system will be inspected quarterly by maintenance and annually by Ace Fire Protection. Maintenance will maintain a monthly ceiling check to ensure there are no missing tiles.	