EPARTMENT OF HEALTH AND HUMAN SERVICES
ENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2014
FORM APPROVED
OMB NO. 0938-0391

STEMENT OF DEFICIENCIES D 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	06/03/2014

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T 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 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 6/3/14 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 passed the FSES upon correction of all other deficiencies.	K 000		
K 024 SS=D	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	K 024		

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

CEO

ficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that feguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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024	Continued From page 1 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		
029 S=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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: The facility failed to separate hazardous areas from other spaces with smoke resisting partitions and self-closing door assemblies. Observation determined unsealed spaces around a sprinkler pipe penetrating through the wall in the North Boiler Room to the corridor. Failure to protect hazardous areas increases the	K 029	The unsealed spaces around a sprinkler Pipe penetrating the wall in the North Boiler room was sealed with Hilte Fire Foam. All walls will be monitored for penetrations Throughout the facility and maintained to comply with the Life Safety Code. This will be monitored monthly and maintained with the use of a Life Safety audit and will be monitored by Plant Operations.	6/11/14

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K 029	Continued From page 2 risk of death or injury due to fire. This deficiency affected one (1) of eight (8) hazardous areas in the facility.	K 029		
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 switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the buildings by August 13, 2013. Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems as required by CMS requirements at 42 CFR 483.70(a)(8). The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building.	K 056		

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6 Continued From page 3	K 056		

Observation determined:
1) The 700 Wing was not protected by the automatic sprinkler system. This wing does not currently house residents, but an activity room is used for resident services. (Construction plans for a remodeling of the wing to include the instalation of sprinklers were approved on 5/12/14.)
2) The combustible canopies greater than 48 inches in depth located at the exterior of the south exit of the Dietary Service Area and northeast exit were not protected by the sprinkler system.

Failure to provide complete coverage of the automatic sprinkler system increases the risk of death or injury due to fire.

This deficiency affected one (1) of seven (7) wings of the building.

4. NFPA 101 LIFE SAFETY CODE STANDARD — K 144

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:
The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power

F Tag K056

A two hour fire wall will be constructed separating the sprinklered and nonsprinklered area of the 700 wing. This wall be constructed with double 5/8 inch sheet rock on both sides and will run from floor to deck. Seams will be taped and mud coated and the area where the sheetrock meets the ceiling deck will also be sealed using an approved fire caulking. The unsprinklered section of the corridor will be 100% unoccupied by staff and/or residents. Comstock Construction will be the General contractor. — 7/08/14

The combustible canopies located at the exterior of the south exit of the Dietary Service Area and northeast exit will be protected by an automatic sprinkler system. This system will installed by Nova Fire Protection. Enclosed is a copy of the bid and approval to have this work completed.

Canopies will be monitored by Plant Operations and placed on our Fire Safety Audit to assure compliance. — 7-31-14

An emergency generator stop will be installed in the mechanical room north of the Emergency Generator Room by Nordick Electric of Wahpeton.

The Emergency stop switch will installed to comply with the NFPA Life Safety Code. This will be monitored monthly and maintained by Plant Operations. — 6/30/14

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K 144	Continued From page 4 Systems. Observation determined there was no remote stop switch for the emergency generator located outside of the generator room. Failure to ensure the emergency generator was in compliance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator.	K 144		