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DIVISION OF LIFE SAFETY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355124	A. BUILDING 01 - SHEYENNE CROSSINGS I B. WING _____	12/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS CARE CENTER/TCU	125 13TH AVENUE WEST WEST FARGO, ND 58078

(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 two buildings that were separated by two-hour fire resistive construction. The building that houses the residents and the administration staff is a one-story building of Type V (111) construction. The other building housing the building services and Chapel is a two-story building of Type II (111) construction. A two-story apartment/basic care building is connected to the northwest corner of the two-story building with a two-hour fire resistive separation. The buildings were equipped with a wet and dry automatic sprinkler system with quick response sprinklers designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency stated. The following plan of correction was written and implemented to remain in compliance with all federal and state regulations. The alleged deficiency has been corrected by the date indicated.	
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	K 025	K 025 The penetration and open space were both repaired and sealed with fire caulking/ fire putty on 12/17/2012 and verified by surveyors present. All smoke barriers that have or have the potential for penetrations are at risk of this deficient practice. All smoke barriers will be monitored through regular preventative maintenance checks. Penetrations will be sealed/ repaired as needed.	1/31/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Maren K Leman	Executive Director	12/26/2012

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 025	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure two (2) of three (3) smoke barriers were at least one-hour fire resistant and smoke resistant. Observation determined: 1. An unsealed conduit penetration through the east side of the smoke barrier in Laundry Room #77. 2. Duct work penetrating through the smoke barrier in Storage Room #35 had open spaces around the duct. The penetration and open space were both repaired by maintenance staff. Both repairs were verified on 12/17/2012. Repeat Deficiency.	K 025	Audits of smoke barriers will be completed monthly x2 months then biannually and prn. Results will be brought to QA for review and recommendation. Education with maintenance staff on sealing techniques will be completed by 1/31/2013. All staff will be educated on the survey results and plan of correction on 1/31/2013.	