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 CARE CENTER TCU** B. WING _____	**02/28/2017**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in two buildings that were separated by a two-hour fire resistive construction barrier. The building that houses the residents and the administration staff was a one-story building of Type V (111) construction. The other building housing the building services and Chapel was a two-story building of Type II (111) construction. A two-story apartment/basic care building was connected to the northwest corner of the two-story building with a two-hour fire resistive occupancy 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		
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1. The facility failed to ensure the smoke detection	K 347	K 347 A full review of the skilled nursing facility took place 3/8/17 to identify smoke detectors affected. Smoke detectors will either be moved to at least 3 feet away	4/14/17

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

Electronically Signed | 03/10/2017

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 CARE CENTER TCU** B. WING _____	**02/28/2017**

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

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K 347	Continued From page 1 system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors throughout the facility were installed within 3 ft. of an air supply diffuser or air supply vent. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	from an air supply vent or smoke detectors will be replaced by heat detectors. Both will be completed by 4/14/17. After completion of this correction, no other smoke detectors have the potential to be affected. All smoke and heat detectors will be monitored through annual testing and regular maintenance checks. Corrections will be made as needed. A full audit of the skilled nursing facility will be completed by Facilities Manager or designee following the correction to determine that all smoke detectors in the facility are in compliance. This will be completed by 4/14/17.	