STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355070	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/12/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL LUTHERAN NURSING & REHABILITATION CENTER	**1515 2ND AVE WEST** **WILLISTON, ND 58801**

(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 noncompliance with these standards. The facility was located in a four-story building of Type II (222) construction. One-story additions constructed in 1971 and 1974 were attached to the west wall of the original building. The 1971 addition was Type II (111) construction. The 1974 addition was Type II (000) construction. Other additions included a one-story activity area in 1982 of Type II (000) construction and a garage and van entrance in 1994 of Type II (000) construction. Attached to the 1982 activity addition was a Basic Care Facility of Type II (000) construction. The facility was sprinklered throughout with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K 000		
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 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, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection	K 054	K054-1 1. The smoke detector located in the exit corridor near the cross corridor doors leading to the Memory Care Unit was corrected on July 15, 2016 (see attached exhibit #1 and #2).	7/21/16

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

Electronically Signed | 07/21/2016

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K 054	Continued From page 1 system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined smoke detectors located in the following areas were installed within 3 ft. of an air supply diffuser: 1) The exit corridor near the cross corridor doors leading to the Memory Care Unit. 2) The Activity Director's Office. 3) The exit corridor near the corridor doors leading to the Nelson Manor Basic Care Unit. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected three (3) of numerous smoke detectors in the facility.	K 054	2. Any area in the Skilled Nursing Facility has the potential to be affected. 3. All smoke detectors in the facility have been checked to assure there is three feet distance from an air supply diffuser or return air opening. Smoke detector located at Harmony Square Nurse's Station was corrected on July 15, 2016 (see attached exhibit #5). 4. The Maintenance Supervisor (or designee) will monitor newly installed smoke detectors to assure when installed there is three feet distance from an air supply diffuser or return air opening. The newly installed smoke detectors will be reported to the QA committee by the Maintenance Supervisor. 5. July 21, 2016. K054-2 1. The smoke detector located in the Activity Directors Office was corrected on July 15, 2016 (see attached exhibit #3). 2. Any area in the Skilled Nursing Facility has the potential to be affected. 3. All smoke detectors in the facility have been checked to assure there is three feet distance from an air supply diffuser or return air opening. Smoke detector located at Harmony Square Nurse's Station was corrected on July 15, 2016 (see attached exhibit #5). 4. The Maintenance Supervisor (or designee) will monitor newly installed smoke detectors to assure when installed there is three feet distance from an air diffuser or return air opening. The newly installed smoke detectors will be reported	

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	355070	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/12/2016**

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K 054	Continued From page 2	K 054	to the QA committee by the Maintenance Supervisor. 5. July 21, 2016 K054-3 1. The smoke detector located in the exit corridor near the corridor doors leading to the Nelson Manor Basic Care Unit was corrected on July 15, 2016 (see attached exhibit #4). 2. Any area in the Skilled Nursing Facility has the potential to be affected. 3. All smoke detectors in the facility have been checked to assure there is three feet distance from an air supply diffuser or return air opening. Smoke detector located at Harmony Square Nurse's Station was corrected on July 15, 2016 (see attached exhibit #5). 4. The Maintenance Supervisor (or designee) will monitor newly installed smoke detectors to assure when installed there is three feet distance from an air supply diffuser or return air opening. The newly installed smoke detectors will be reported to the QA committee by the Maintenance Supervisor. 5. July 21, 2016.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: The facility failed to ensure all portable fire extinguishers were maintained and operational.	K 064	1. The portable fire extinguisher located in the exit corridor near the Staff Break	7/21/16

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K 064	Continued From page 3 Observation determined the portable fire extinguisher located in the exit corridor near the Staff Breakroom in the basement was showing discharged on the gauge. Failure to ensure all portable fire extinguishers are operational and maintained increases the risk of injury or death due to fire. This deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 064	Room was repaired by Williston Fire & Safety on July 13, 2016 (see attached Exhibit #6). 2. All the fire extinguishers have the potential to be affected. 3. All fire extinguishers in the facility have been checked and are operational. 4. The Maintenance Supervisor (or designee) will monitor monthly to assure fire extinguishers are operational in the facility. The Maintenance Supervisor will report checks monthly for three months, then quarterly thereafter to the QA committee. See attached exhibit #7 for monitoring tool. 5. July 21, 2016.	