| 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**<br>B. WING _____ | **07/21/2015** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BETHEL LUTHERAN NURSING & REHABILITATION CENTER** | **1515 2ND AVE WEST**<br>**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 |
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| K 000 | INITIAL COMMENTS<br><br>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.<br><br>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.<br><br>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.<br><br>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 038 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1<br><br>This STANDARD is not met as evidenced by:<br>Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, | K 038 | 1. Facility is in the process of obtaining bids to make adjustments to all the | 9/4/15 |

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

Electronically Signed | 08/03/2015

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 038 | Continued From page 1<br>shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2<br><br>The facility failed to ensure exit access was readily accessible at all times.<br><br>Observation determined the facility had not ensured that doors in the means of egress were not locked against egress when the building was occupied.<br><br>On 07/21/2015, the following doors and were equipped with locks or latches that required special knowledge and effort to operate from the egress side:<br><br>1) Exterior exit doors 1, 2, 6, 7, 8, 9, 10, 11, 15, 16, 17, 18, 19, 20 and 21 were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>2) The cross corridor-doors by Resident Room L18 were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>3) The cross corridor-doors providing egress into Pineveiw Court were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>4) The north and south stairwell doors from the | K 038 | identified egress exit to be compliant with the delayed egress.<br>2. All egress exits have the potential to be affected.<br>3. Facility will maintain egress exits with key pad code access with code placed by key pad until correction is completed. All key pads have been checked to assure code will open door. If fire alarm is activated key pad is deactivated to allow access out of facility without entering a code.<br>4. After installation the Maintenance Supervisor (or designee) will monitor to ensure proper function of the delay egress feature weekly for 4 weeks, then monthly for two months, then quarterly x 3. The Maintenance Supervisor will report these results to the QA committee monthly for three months, then quarterly x 3.<br>5. September 4, 2015 | |

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| K 038 | Continued From page 2<br>second floor were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>5) The north and south stairwell doors from the third floor were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>6) The north and south stairwell doors from the fourth floor were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature.<br><br>7) The north stairwell door from Horizon Tower to the Boiler Room corridor was equipped with access-controlled magnetic lock that required a code to be entered on a key pad to release. The door was not equipped with a delayed egress feature.<br><br>8) The stairwell gates from the east lower level south stairwell and the west lower level south stairwell were equipped with access-controlled magnetic locks that required pushing a button to release. The gates were not equipped with a delayed egress feature.<br><br>Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire.<br><br>The deficiency affected egress from all smoke compartments in the facility. | K 038 | | |

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| K 056 | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.<br><br>A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. The minimum distance permitted between sprinklers shall comply with the value indicated in the section for each type or style of sprinkler. NFPA 13 5-5.3.4<br><br>The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building.<br><br>Observation determined two (2) sprinklers in the Harmony Square Janitor Room were closer than the minimum of six feet apart. | K 056 | 1. The sprinkler head was removed from the Harmony Square janitor room by Rapid Fire Protection on July 29, 2015.<br>2. All areas of the Skilled Nursing Facility have the potential to be affected.<br>3. All areas of the skilled nursing facility have been checked and sprinkler heads were a minimum of six feet apart.<br>4. The Maintenance Supervisor (or designee) will report to the QA committee if adjustments are made to the sprinkler system.<br>5. August 7th, 2015 | 8/7/15 |

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| K 056 | Continued From page 4<br><br>Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire.<br><br>The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility. | K 056 | | |