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	05/07/2012

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. There were one-story additions constructed in 1971 and 1974 attached to the west wall of the original building. The 1971 building 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. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 05/07/12 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by and will pass the FSES.	K 000		
K 029 SS=E	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	K 029		

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

Administrator | 5-18-12

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 029	Continued From page 1 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 with non-rated doors that were equipped with self-closing devices and positive latching hardware. 1)Observation determined the door to the Elevator Equipment Room was not equipped with self-closing hardware. 2)Observation determined the door to the Water Heater Room was not self-closing to the latched position.	K 029	1.The door to the elevator equipment room will be equiped with self closing hardware. The door to the water heater room was repaired and now closes to the latched position. 2. All doors in the facility have the potential to be affected. 3. Preventative maintenance will include checksof all self closing. 4. The maintenance supervisor designee will review preventative maintenance reports. The maintenance supervisor will report results to the QA committee quarterly 5. May 18, 2012	
K 038 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 05/07/12 Life Safety Code survey to	

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K 038	Continued From page 2 must be of required width and size to provide all occupants with safe access to a public way. 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. Observation determined the north exterior exit from Nelson Manor traverses the lawn to get to a public way.	K 038	allow exits to public ways to traverse grassy surfaces. The facility passes the FSES upon completion of all other deficiencies.	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: The emergency lighting system must be either continuously in operation or must be capable of repeated automatic operation without manual intervention. 7.9.2.5 The facility failed to ensure emergency lighting operated without manual intervention. Observation determined the lighting at the West Basement Exit Stairwell was manually controlled by light switches.	K 046	1.The lighting at the west basement exit stairwell has been converted to operate continuously without manual intervention. 2. All other stairwells within the facility have continuous lighting without manual intervention. 3. Stairwells will continue to be monitored as a part of our preventative maintenance plan. 4. The maintenance supervisor will report results of the preventative maintenance monitoring to the QA committee quarterly. 5. May 18, 2012	