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	04/15/2010

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 42 CFR 483.70(a). 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. 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. Other additions included a one-story activity area in 1982 of Type II (000) construction, a garage and a van entrance in 1994 of Type II (000) construction. Attached to the 1982 activity addition was a Basic Care facility of Type II (111) construction. This area was separated from the nursing facility by a 2-hour occupancy separation wall and was not part of the Life Safety Code survey.	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half 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 and steel 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. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	**K025** 1. The unsealed spaces in the Legacy Wing smoke barrier wall have been sealed. 2. Any portion of the facility has the potential to be affected. 3. As per facility policy with any new construction, remodeling or repairs contractors will be required to inform the maintenance supervisor of any disruption to the smoke barrier wall. 4. The maintenance supervisor or designee will visually inspect all smoke barriers annually. Our facility utilizes the TELS software programs to identify preventative maintenance needed. Inspection of smoke barriers will be included in the TELS system and the maintenance supervisor will report results to the QA Committee quarterly. 5. May 30, 2010	04-15-2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	4/26/10

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 one (1) of six (6) smoke barriers was at least one-half hour fire resistant and smoke resistant. Observation determined unsealed spaces in the Legacy Wing smoke barrier wall. The unsealed spaces were located on both sides of the wall around a sprinkler pipe through-wall penetration.	K 025		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050	K050 1. The fire drill procedure was reviewed with maintenance personnel responsible for conducting fire drills by the Maintenance Supervisor on April 18, 2010. Fire drills will be completed at unexpected times under varying conditions at least quarterly on each shift. 2. Any area in the skilled nursing facility has the potential to be affected. 3. The TELS program will be utilized to record fire drills conducted. The TELS System will also alert the Maintenance Supervisor of the required drills to be conducted. 4. Fire drill reports will be included on the agenda for the QA Committee at least quarterly. The maintenance supervisor will review all fire drill reports for correct documentation. 5. May 30, 2010	04-15-2010
K 052 SS=E	This STANDARD is not met as evidenced by: The facility failed to conduct quarterly fire drills on each shift. Review of fire drill records determined the facility had not conducted a Night Shift fire drill during the fourth quarter of 2009. NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance	K 052	K052 1. The facility fire drill report form will be reviewed to ensure documentation of testing of the fire alarm during the months in which silent fire drills are conducted. Also, testing water flow will sound the alarm on the months when silent fire alarm drills are conducted. (Refer also to K062) 2. Any area in the skilled nursing facility has the potential to be affected	04-15-2010

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K 052	Continued From page 2 with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was tested monthly. Records review indicated the fire alarm system was not tested during the months when Night Shift fire drills were conducted in June and September, 2009 and in March, 2010.	K 052	3. The maintenance supervisor will review *fire drill* records for correct documentation. Maintenance personnel responsible for documentation of the fire drill were in-serviced on the fire drill report form on April 18, 2010. The TELS computer software system will be utilized to notify the Maintenance Supervisor of the need to conduct the fire drill and alarm system testing. The results of the testing will be recorded on the TELS system. 4. Results of fire drills and including testing of the fire alarms will be reported to the QA Committee quarterly by the maintenance supervisor. 5. May 30, 2010	
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 056	**K056** 1. Sprinkler protection will be installed in the kitchen, elevator equipment room, two closets in resident rooms W13 W andW14, the restroom at Wheatland Nursing Station and the north wall of the basement water heater room 2. The entire facility will be sprinklered and all areas will be in compliance. 3. The sprinkler system will be maintained annually. 4. Bi-annual facility self inspection is conducted by the maintenance supervisor or designee. These inspections include the sprinkler system and results are reported to the Safety and Safe Lift Committee. 5. May 30, 2010	04-15-2010

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K 056	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the lack of sprinkler protection in the Kitchen Elevator Equipment Room, two (2) closets in Resident Room W-13, two (2) closets in Resident Room W-14, the Wheatland Wing Nurses' Station Restroom, and along the north wall of the basement Water Heater Room.	K 056		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Sprinkler records review determined the facility failed to conduct quarterly tests of water flow, supervisory, and pressure switch devices of the sprinkler system.	K 062	K062 1. The facility will conduct quarterly tests of water flow, supervisory and pressure switch devices of the sprinkler system. The sprinkler system is equipped with water flow and temper switches connected to the building fire alarm system. 2. Any area in the skilled nursing facility has the potential to be affected. 3. The TELS System will be utilized to alert the Maintenance Supervisor of the required testing to be done and to record quarterly flow testing. 4. Results of the flow testing will be included with the fire drill reporting. Reports will be presented to the QA Committee quarterly. 5. May 30, 2010	04-15-2010
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 4 This STANDARD is not met as evidenced by: Records review indicated the facility failed to maintain fire dampers in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Maintenance of fire dampers is required at least every 4 years. Maintenance of fire dampers includes: (a) Fusible links must be removed. (b) All dampers must be operated to verify that they closed fully. (c) The latch, if provided, must be checked. (d) Moving parts must be lubricated as necessary.	K 130	K130 1. A maintenance check of all fire dampers in the skilled nursing care areas will be conducted by the maintenance supervisor or designee. 2. Any area in the skilled nursing care area has the potential to be affected. 3. The four year maintenance of the fire dampers will be noted on the TELS preventative maintenance schedule. Results of the maintenance performed will also be recorded in the TELS system. 4. Results of the maintenance check(s) will be reported to the QA Committee. 5. May 30, 2010	04-15-2010