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 _____	05/10/2011

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 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 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 05/10/11 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by and will pass the FSES.	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.	K 025		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	5-20-11

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 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure five (5) of thirteen (13) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined unsealed spaces above the cross-corridor doors in smoke barrier walls located at the east end of Pineview Wing, the south end of Wheatland Wing, the east end of Harmony Wing, the south end of Legacy Wing and the west end of the corridor by the Chapel. The smoke barriers have unsealed spaces between the walls and the roof deck, as well as pipe, electrical conduit, and low-voltage wire penetrations that were not adequately sealed with fire rated material.	K 025	**K025** 1. The unsealed spaces above the cross corridor doors in the smoke barrier walls located at the east end of Pine View neighborhood, the south end of Wheatland neighborhood, the east end of Harmony neighborhood, the south end of Legacy neighborhood and the west end of corridor by the Chapel will be sealed. The smoke barriers between the walls and the roof deck, pipe, electrical conduit and low voltage wire penetrations will be sealed with fire rated material. 2. All other smoke barrier walls have the potential to be affected. 3. The maintenance department supervisor, or designee, will conduct an inspection of smoke barrier walls. Any unsealed space will be sealed. 4. The inspection of smoke barrier walls will be a part of the annual preventative maintenance program. Results of the inspection will be reported to the Quality Assurance Committee. 5. June 24, 2011	06-24-11
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 must be of required width and size to provide all occupants with safe access to a public way. 7.7.1	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 05/10/11 Life Safety Code survey to allow exits to public ways to traverse grassy surfaces. The facility passes the FSES upon completion of all other	

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K 038	Continued From page 2 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	deficiencies.	