STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355085	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIM CARE CENTER	3534 UNIVERSITY DR S FARGO, ND 58104

(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) and NDAC 33-07-04.2-09 (1)(c). The original building built in 1968 is of Type V (000) construction and additions of Type II (000) construction were added in 1981 and 1991. The facility has a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire resistance rated barrier provides separation to an assisted living building that is attached to the east side of the Elim Care Center. Note: A Fire Safety Evaluation System (FSES) was completed as a component of the 7/20/09 Life Safety Code survey. The FSES was applied to deficiency Tag K024 (travel distance to reach a smoke barrier). Elim Care Center does not meet the Life Safety Code requirements for adequately sized smoke compartments, but does pass the FSES.	K 000		
K 024 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD The smoke compartments do not exceed 22,500 square feet and the travel distance to and from any point to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1 This STANDARD is not met as evidenced by: The facility failed to ensure the travel distance to	K 024	A Fire Safety Evaluation System (FSES)	

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

C Hagg — Adm — 8-3-09

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 024	Continued From page 1 reach a door in a required smoke barrier does not exceed 200 feet. Observation determined: 1) The travel distance in the northeast smoke compartment (one of three) exceeds the maximum 200 feet travel distance to reach the door in the nearest smoke barrier. 2) The travel distance in the southwest smoke compartment (one of three) exceeds the maximum 200 feet travel distance to reach the door in the nearest smoke barrier.	K 024	was conducted for deficiency Tag K024 of the 7/20/09 Life Safety Code survey to allow the excessive travel distance to reach the nearest smoke barrier doors. The facility passes the FSES.	