STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355079	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/07/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARIA	3102 S UNIVERSITY DR FARGO, ND 58103

(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 facility is located in a one-story building with a partial basement. The original building is of Type I (332) construction and the 1993 and 1994 additions are Type II (111) construction. A two-story addition of Type II (222) construction on the west side of the building and a one-story addition of Type II (000) construction on the east side of the building were constructed in 2008. The two-story addition was attached to the original building. The second floor of this addition is business occupancy and is separated from the health care occupancy with an occupancy separation having a two-hour fire resistance rating. Due to the lack of two-hour fire rated separation between the 2008 one-story addition of Type II (000) construction and the remainder of the building, the entire facility was classified Type II (000) construction equipped with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michael Reed | TITLE: President/CEO | (X6) DATE: 1/21/09

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.

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K 017	Continued From page 1 at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The facility failed to ensure areas open to the corridor have electrically supervised smoke detectors. 19.3.6.1 Observation determined the reception/mail room/copy machine area was open to the corridor. The area was not protected by an electrically supervised automatic smoke detection system.	K 017	**Tag # K 0017** 1. Corrective Action: An electrically supervised automatic smoke detector has now been installed in the mailroom area. 2. Identify other areas: all other charting and clerical stations, the dining room and activity spaces are enclosed with doors that open to the main corridor. 3. Measure put in place: This omission was related to a building project change in the design of the mailroom. The Architectural firm was informed of the design error. 4. Monitoring: No other construction changes are scheduled for the facility. 5. Corrective actions were completed by 1-8-09	