DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
AUG 19 2011
INFORMATION MANAGEMENT SECTION
FIRE & LIFE SAFETY
CONSTRUCTION

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	08/09/2011

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). The findings that follow demonstrate noncompliance with these standards. 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 a 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 as Type II (000) construction. The entire building is 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	**Tag # K0020** 1. *Corrective Action:* It is the practice of this facility to maintain a safe environment. The Eeevator equipment room door latch was adjusted on 08/09/2011 while the surveyor was still in the building. 2. *Identify other areas:* This attached elevator shaft equipment room is the only one located in the building. The Director of Environmental services determined that there are no other areas that may be affected 3. *Measure put in place:* The Director of Environmental Services will monitor the door and make adjustments as necessary. The need for adjusting is not preventable because the cause is shifting in the building. 4. *Monitoring:* The door will be checked for positive latching weekly for the first month and then monthly thereafter. This audit will be completed by the ES department staff. 5. The facility will be in substantial compliance by:	09/01/2011
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with	K 020		

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

X

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 020	Continued From page 1 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: The north elevator shaft is a vertical opening and is required to be enclosed with construction having a fire resistance rating of at least one hour. The elevator equipment room is part of the elevator shaft enclosure due to the lack of a fire rated separation between the shaft and equipment room. The facility failed to provide a one-hour fire resistive rating at the north elevator shaft enclosure. Observation determined the door to the elevator equipment room is a component of the required one-hour fire resistance rating of the elevator shaft enclosure. The 60-minute rated fire door to the North Elevator Equipment Room did not self close and latch when tested. Fire rated doors are required to be self-closing and positive latching.	K 020		