

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

PRINTED: 01/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER VILLA MARIA			STREET ADDRESS, CITY, STATE, ZIP CODE 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 facility was located in a one-story building with a partial basement. The original building was 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 was a business occupancy and was 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 was 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. The basement areas were separated from the main floor by two-hour fire resistive construction and were being used by staff only. The integrity of the basement's floor/ceiling assembly was included in this survey but the basement area was not.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 000	Continued From page 1 Note: At the conclusion of the 09/18/13 Life Safety Code survey, it was determined the facility was in compliance with the provisions of NFPA 101, Life Safety Code.	K 000			