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 _____	**10/19/2015**

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 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

Electronically Signed | 10/29/2015

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K 038 SS=E	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: Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 7.2.1.4.4 1) The corridor door to the Nursing Supply Room in the Lovely Lane Wing. 2) The corridor door to the Lift Storage Room in the Lovely Lane Wing. 3) The double corridor doors to the Blanket Warmer Room in the Lovely Lane Wing. 4) The corridor door to the Oxygen Room in the Oak Lane Wing. 5) The double corridor doors to the Blanket Warmer Room in the Friendship Lane Wing. 6) The west leaf of the double corridor doors to the Clean Linen Room in the Friendship Lane Wing. 7) The east leaf of the double corridor doors to the Nursing Supply Room in the Friendship Lane Wing. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire. This deficiency affected seven (7) of numerous corridor doors in the means of egress throughout	K 038	Tag # K0038 1. Corrective Action: It is the practice of this facility to maintain a safe environment. The corrective action for the 7 listed doors is as follows: 1) The corridor door to the Nursing Supply Room in the Lovely Lane Wing had the self-closing device and the hand rail next to the door removed on 10/19/15 to allow the door to extend within 7 inches or less of the wall when fully open. 2) The corridor door to the Lift Storage Room in the Lovely Lane Wing had the self-closing device removed on 10/19/15 to allow the door to extend within 7 inches or less of the wall when fully open. 3) The double corridor doors to the Blanket Warmer Room in the Lovely Lane Wing had the self-closing device removed on 10/19/15. A new self-closing device was installed on 10/20/15 which allows these doors to extend within 7 inches or less of the wall when fully open. 4) The corridor door to the Oxygen Room in the Oak Lane Wing had the self-closing device removed on 10/19/15 to allow the door to extend within 7 inches or less of the wall when fully open.	11/6/15

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K 038	Continued From page 2 the facility.	K 038	5) The double corridor doors to the Blanket Warmer Room in the Friendship Lane Wing had the self-closing device removed on 10/19/15. A new self-closing device was installed on 10/20/15 which allows these doors to extend within 7 inches or less of the wall when fully open. 6) The west leaf of the double corridor doors to the Clean Linen Room in the Friendship Lane Wing had the hand rail next to the door removed from the wall on 10/19/15 to allow the door to extend within 7 inches or less of the wall when fully open. 7) The east leaf of the double corridor doors to the Nursing Supply Room in the Friendship Lane Wing had the hand rail next to the door removed from the wall on 10/19/15 to allow the door to extend within 7 inches or less of the wall when fully open. 2. Identify other areas: All doors that open outward into the exit corridor have the potential to be affected. All doors that open outward into the exit corridors were inspected by the Director of Environmental Services and were found to meet the standard identified in 7.2.1.4.4 on 10/20/15. 3. Measure put in place: The Director of Environmental Services or his designee will monitor the exit corridor doors and make adjustments as necessary. 4. Monitoring:	

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K 038	Continued From page 3	K 038	The doors that open outward into the exit corridor will be checked to ensure that they extend within 7 inches or less of the wall when fully open monthly x 3 months and then quarterly for the remainder of the year. This audit will be completed by the Environmental Services Department staff. 5. The facility will be in substantial compliance by: November 6, 2015	