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	11/30/2010

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 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	**Tag # K045** 1. Corrective Action: It is the practice of this facility to maintain a safe environment. The exterior light fixtures were replaced on 9 egress exit doors using LED fixtures. This work will be completed by Kramer Electric. 2. Identify other areas: All exit door fixtures regardless of whether they are listed as an egress door had the light fixtures replaced for a total of 16 exit lights. 3. Measure put in place: The Director of Environmental Services is now aware of the code requirement and will not contract for any fixtures that do not meet this requirement in the future. 4. Monitoring: Exterior lights are monitored on a monthly basis to check that they are properly working. This is completed by the ES department staff. 5. The facility will be in substantial compliance by 12-22-2010.	
K 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045		

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

Michael Reider | President/CEO | 12/9/10

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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VILLA MARIA	3102 S UNIVERSITY DR FARGO, ND 58103

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K 045	Continued From page 1 This STANDARD is not met as evidenced by: The emergency illumination lighting system must be arranged to provide the required illumination automatically. 7.9.2.2 Note: CMS allows a light fixture equipped with a single long-life bulb with a quick strike feature to illuminate exit discharge. The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. Observation determined: The exterior exit discharge of eight (8) of the eight (8) exits was illuminated with light fixtures that have single high pressure sodium bulbs without quick strike capabilities.	K 045	**Tag # K 054** 1. Corrective Action: It is the practice of this facility to maintain a safe environment. The photoelectric smoke detectors and photo-duct detector sensitivity report for the annual fire alarm test and the smoke detector sensitivity test was re-run to assure there was no discrepancy between the reports. The fire alarm system was accurately tested to meet the requirements of NFPA 72. 2. Identify other areas: There is only one fully addressable fire alarm system in the facility. This is the system that was re-tested 3. Measure put in place: Director of Environmental Services will run a printout of all devices monthly 4. Monitoring: The monthly printout will be reconciled with the annual fire alarm system test to assure the entire system is being tested. This will be done by the Director of Environmental services. 6. The facility will be in substantial compliance by 12-22-2010.	
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Visual inspection frequencies and specific testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3).	K 054		

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K 054	Continued From page 2 This code identifies specific inspection, testing and maintenance frequencies and methods. Sensitivity testing of smoke detectors is to be completed for all smoke detectors during the first year in service, and the alternate year following. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests may be extended, not to exceed five years. The facility failed to ensure smoke detectors were maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test results indicated the smoke detection system was not sensitivity tested at frequencies in compliance with the minimum requirements of NFPA 72. The 03-17-10 fire alarm test indicated that one hundred ten (110) photoelectric smoke detectors and twenty four (24) photo-duct detectors were tested. The 11-30-10 sensitivity test indicated that eighty (80) photoelectric smoke detectors and twenty (20) photo-duct detectors were tested. The discrepancy in the number of photoelectric smoke detectors and the photo-duct detectors between the annual fire alarm test and the smoke detector sensitivity test indicates that the fire alarm system was not accurately tested.	K 054		