STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355036	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAN MANOR HEALTHCARE CENTER	**604 ASH AVE E** **GLEN ULLIN, ND 58631**

(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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type II (000) construction. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and a corridor smoke detection system. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 12/11/2017 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K211 (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 211 SS=B	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by:	K 211		12/14/17

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

Electronically Signed | 01/08/2018

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K 211	Continued From page 1 Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 The facility failed to keep corridors free of obstructions. Observation determined the water fountain in the exit corridor near the Reception Area extended approximately ten (10) inches from the corridor wall and protruded into the exit corridor. This deficiency affected exit access to one (1) of seven (7) exits from the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 211	A Fire Safety Evaluation System (FSES) was conducted as a result of the 12/11/2017 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K211 (Means of egress obstructions). The facility passes the FSES upon correction of all other deficiencies.	
K 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used,	K 222		1/18/18

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K 222	Continued From page 2 only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4	K 222		

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K 222	Continued From page 3 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side. 7.2.1.5.3 The facility failed to ensure exit access was readily accessible at all times. Observation determined the exterior exit by the 300 Wing Bathing Room exited into a courtyard that was enclosed by a fence with a locked gate that required lifting the gate from the latches to open the gate. Gates must be operable in the direction of egress without the use of key, tool, special knowledge or effort from egress side. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from one (1) of numerous areas throughout the facility.	K 222	To ensure exit from the 300 Wing Bathing Area is readily accessible at all times and in compliance with NFPA 101, the courtyard gate is now unlocked and was repaired with hinges so it swings outward allowing for exit without the use of key, tool, or special knowledge or effort from egress side. This project was completed on January 18,2018. All exits within the system will be inspected to ensure that no other doors or gates exist as a barrier within the mean of egress. Administrator and/or Maintenance Supervisor will visually approve installation of any door or gate location introduced into the system. During regular maintenance inspections, the courtyard gate will be reviewed to verify that the gate is easily accessed and operates easily per regulation requirements. This inspection is performed by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 351	Sprinkler System - Installation	K 351		12/18/17

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K 351 SS=D	Continued From page 4 CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in walk-in type coolers and freezers with automatic defrosting shall be of the intermediate-temperature classification or higher. NFPA 13 8.3.2, 8.3.2.5(10)	K 351	To provide adequate coverage for all portions of the building and in compliance of NFPA 101, the ordinary temperature classification sprinkler in the walk-in freezer cooler with auto-defrost feature has been replaced with the green intermediate temperature classification sprinkler. In addition the sprinkler in the walk-in-cooler with auto-defrost feature was replaced with the green intermediate temperature classification sprinkler. The project was completed on December 18,2017	

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K 351	Continued From page 5 Observation determined: 1) One (1) sprinkler in the walk-in cooler located in the Kitchen was of ordinary-temperature classification. The walk-in cooler was equipped with an automatic defrosting feature. 2) One (1) sprinkler in the walk-in freezer located in the Kitchen was of ordinary-temperature classification. The walk-in freezer was equipped with an automatic defrosting feature. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351	The sprinklers in the walk-in cooler and freezer are included in the weekly and monthly maintenance inspection and cleaning schedule. The maintenance staff will check within these reviews that the appropriate temperature classification sprinklers are in place. The sprinkler temperature classification within any area will be verified as correct when new equipment is being added. This inspection will be performed by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	