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 _____	**01/22/2020**

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

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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. Two-hour fire rated occupancy separation walls were constructed between the facility and the attached apartments to the east and an outpatient clinical building to the west. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/22/2020 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 132 SS=D	Multiple Occupancies - Contiguous Non-Health CFR(s): NFPA 101 Multiple Occupancies - Contiguous Non-Health Care Occupancies Non-health care occupancies that are located immediately next to a Health Care Occupancy, but are primarily intended to provide outpatient services are permitted to be classified as	K 132		2/28/20

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

Electronically Signed | 02/14/2020

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K 132	Continued From page 1 Business or Ambulatory Health Care Occupancies, provided the facilities are separated by construction having not less than 2-hour fire resistance-rated construction, and are not intended to provide services simultaneously for four or more inpatients. Outpatient surgical departments must be classified as Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.4.1, 19.1.3.4.1 This REQUIREMENT is not met as evidenced by: The facility failed to ensure the fire resistance rating of occupancy separation walls. When holes are left in a door or frame due to changes or removal of hardware or plant-ons, the holes shall be repaired by the following methods: (1) Install steel fasteners that completely fill the holes. (2) Fill the screw or bolt holes with the same material as the door or frame. 19.1.3.4.1, 6.1.14.4.1, 8.3.3.1, NFPA 80 5.2.15.4 Observation determined the 90-minute fire rated cross-corridor door through the two-hour fire-resistant rated occupancy separation wall from the nursing home to the clinic building was missing a hinge bolt and had multiple holes that were not filled with the proper material. Failure to ensure the fire resistance rating of occupancy separation walls as required increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) occupancy separation barriers in the facility.	K 132	K132 □ Sealant was removed from any current holes and beveled head bolts were inserted in the holes that didn□t go completely through the door. Bolts with nuts were inserted in the holes that went completely through the door. Sealing all holes in the fire door between the nursing facility and outpatient clinic unit ensures that the occupancy separation wall is resistant to fire. The maintenance staff will check all fire rated doors removing sealant and replacing with bolts or bolts with nuts as described above. The procedure to seal fire door openings will be changed to using steel fasteners that completely fill the hole or using the same material as the actual door or frame. This change will be noted for the annual fire door review and related checklists will be modified. The maintenance staff will review fire doors quarterly verifying that any new holes are properly sealed. This inspection will be performed by maintenance staff, monitored by the administrator, and reported to the quality assurance	

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K 132	Continued From page 2	K 132	committee on a quarterly basis for the next year. Corrective action will be completed by February 28, 2020.	
K 211 SS=D	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: 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.	K 211	A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/22/2020 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.	1/22/20

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K 211	Continued From page 3 Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 211		
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: The facility failed to test and maintain the wet chemical extinguishing system in the Kitchen in accordance with NFPA 17A, Standard for Wet Chemical Extinguishing Systems.	K 324	K324 □ To decrease the risk of injury or death due to fire, the wet chemical extinguishing system in the kitchen will be tested on a monthly basis. This	2/29/20

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K 324	Continued From page 4 On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. At a minimum, this quick check or inspection shall include verification of the following: (1) The extinguishing system is in its proper location. (2) The manual actuators are unobstructed. (3) The tamper indicators and seals are intact. (4) The maintenance tag or certificate is in place. (5) No obvious physical damage or condition exists that might prevent operation. (6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range. (7) The nozzle blowoff caps, where provided, are intact and undamaged. (8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. Where the corrective action involves maintenance, it shall be conducted by a trained service technician. Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance	K 324	inspection will include verifying proper location of extinguishing system, manual actuators are unobstructed, tamper indicators and seals are intact, maintenance tag is in place, pressure gauge is in operable range, nozzle blow off caps are intact and undamaged, and neither the protected equipment nor the hazard has been replaced, modified or relocated. If any deficiencies are found, appropriate corrective action shall be taken immediately. The monthly record will include the inspection date and initials of the person performing the inspection. Facility staff will receive training on conducting this inspection by external trained service technician. The facility has only one wet chemical extinguishing system so there is no other system that is affected by this practice. This inspection of the wet chemical extinguishing system will be conducted monthly by the maintenance staff, monitored by the administrator and reported to the quality assurance committee on a quarterly basis for the next year. Corrective action will be completed by February 29, 2020.	

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K 324	Continued From page 5 inspections. 7.2.1 through 7.2.6 Review of documentation and interview with staff determined the monthly inspections of the wet chemical extinguishing system in the Kitchen had not been completed. Failure to conduct monthly inspections of the wet chemical extinguishing system increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) wet chemical extinguishing system in the facility.	K 324		
K 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: The facility failed to ensure smoke detectors were installed, maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm and Signaling Code. Review of fire alarm system test records indicated that not all devices were tested. The fire alarm system annual test conducted on 06/20/2019 by an outside company indicated the smoke detector in the Radio Room was not tested in the past year. Failure to install the smoke detection system as required increases the risk of death or injury due to fire.	K 347	K347 □ The one smoke detector not tested previously was tested by maintenance staff on January 23, 2020 to decrease the risk of injury or death due to fire. An external trained service technician will retest to verify that smoke detector is operating correctly. External service technician will retest all smoke detectors in the system to validate that all other smoke detectors in system were tested correctly including new detectors that may have been added to the system. Facility staff with external service technician will discuss how proper verbal communication of exceptions will occur in	2/28/20

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K 347	Continued From page 6 This deficiency affected one (1) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	the future. Maintenance staff will ensure that smoke detectors are operating properly during monthly smoke detector maintenance. Any non-operational equipment will be replaced, inspected and tested. Any testing of new smoke detectors and other findings will be documented in maintenance records by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on a quarterly basis for the next year. Corrective action will be completed by February 28, 2020.	
K 355 SS=F	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the pin seals on numerous fire extinguishers located throughout	K 355	K355 □ To ensure portable fire extinguishers comply with NFPA 10, the facility staff along with the outside service company will replace all fire extinguishers missing pin seals with proper inspected fire extinguishers with unbroken, secured pin seals. This corrective action will decrease the risk of death or injury due to fire. The facility along with the outside service company will verify that all fire extinguishers have an unbroken, secured pin seal during the annual fire extinguisher inspection scheduled in	2/28/20

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K 355	Continued From page 7 the facility were missing. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected numerous portable fire extinguishers in the facility.	K 355	February. Maintenance staff will ensure the pin seals are secured during the monthly fire extinguisher inspection. Any fire extinguishers with broken pin seals will be replaced immediately. Staff received training during fire drill on January 24, 2020 and during the all-staff in-service on February 19, 2020 regarding the importance of handling the extinguishers carefully, not to break the pin seal and to report any broken seals. The inspections will be performed by maintenance staff, monitored by the administrator, and reported to the quality assurance committee on a quarterly basis for the next year. Corrective action will be completed by February 28, 2020.	
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily	K 511	K511 – To ensure electrical wiring and electrical equipment met the requirements of NFPA 70, all	2/29/20

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K 511	Continued From page 8 accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Four (4) electrical receptacles in the Garage were not ground-fault circuit-interrupter protected. 2) One (1) electrical receptacle in the Dining Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. 3) Two (2) electrical receptacles in the 2 East Beauty Shop within 6 ft. of a sink were not ground-fault circuit-interrupter protected. 4) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected numerous electrical receptacles in the facility.	K 511	non-ground-fault-circuit-interrupter electrical receptacles in the kitchen, four electrical receptacles in the garage, one electrical receptacle in the dining room, and two electrical receptacles in the 2 East beauty salon will be replaced with ground-fault circuit-interrupter protection decreasing the risk of injury or death due to fire. Maintenance staff will verify that all areas in the facility that are required to have receptacles with ground-fault circuit-interrupter protection per NFPA 70 are in place or replaced if necessary. Ground-fault circuit-interrupter protection requirements will be included in the annual receptacle inspection conducted by maintenance staff. For the next year, maintenance staff will check all receptacles for ground-fault circuit-interrupter requirements on a quarterly basis. This will be monitored by the administrator and reported to the quality assurance committee for the next year. Corrective action will be completed by February 29, 2020.	