STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355036	A. BUILDING **01** B. WING _____	**03/28/2023**

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
E 000	Initial Comments A recertification survey conducted on 03/28/2023 found Marian Manor Healthcare Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies, Chapter 19-Existing Health Care Occupancies, and the 2012 edition of NFPA 99, Health Care Facilities Code 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. A kitchen addition of Type II (000) construction was attached to the southwest side of the existing facility and a nursing station addition of Type II (000) construction was attached to the east side of the 200 Wing in 2022. A major renovation of the Dining Room was completed in 2022. The additions and Dining Room were surveyed using Chapter 18 of the Life Safety Code.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/06/2023

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 324	Continued From page 1	K 324		
K 324 SS=D	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: Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in	K 324	K324 – The six-month hood inspection will be recorded on the annual inspection list kept by the Administrator including phone confirmation of the scheduled date. The bi-annual inspection reminder will be set in Outlook on the Administrators and Office Manager desktop and adjusted	4/6/23

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K 324	Continued From page 2 the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. The facility failed to test and service the fire-extinguishing system serving the Kitchen exhaust hood in accordance with NFPA 96. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected and serviced on 07/14/2022 and 02/13/2023. The time period exceeded 6 months. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood at required intervals 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	based on the previous inspection date. Administrator, if unavailable the Office Manager, will confirm scheduled inspection prior to the month that the inspection is required. All planned inspections performed by outside vendors will be review to ensure that timeframes are met using the new process. This new process will be implemented for fire extinguishing system serving the kitchen exhaust hood inspections and completed by May 10th. The semi-annual inspection requirements are scheduled and documented by outside vendor, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test	K 353		5/1/23

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K 353	Continued From page 3 c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, 5.3.1.1.1.3 Record review and interview with staff determined the fast-response sprinklers in the facility in service more than 20 years had not been replaced or successfully sample tested in the last ten (10) years. Failure to inspect, test and maintain the	K 353	K353 – The Facility will ensure that the automatic sprinkler system is continuously maintained in a reliable operating condition as required by NFPA 25. Sprinklers manufactured using fast-response elements that have been in service for 20 years will be replaced, or representative samples shall be tested by outside vendor and then retested at 10-year intervals. Outside vendor has been contacted and will perform the representative sample by May 10th and then retested at 10-year intervals. The facility has only one automatic sprinkler system so there is no other procedure that is affected by this practice. Once the age of the sprinklers is determined in the annual automatic sprinkler inspection, the outside vendor will be contacted immediately and the representative sample test scheduled as soon as possible. If the testing is not scheduled within 60 days, the administrator will contact other outside vendors. The annual inspection requirements are scheduled and documented by outside vendor, monitored by the administrator, and reported to the quality assurance committee on an annual basis.	

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K 353	Continued From page 4 automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined all fire drills did not include the simulation of an emergency phone call to the fire department. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected twelve (12) of twelve (12) required drills in the past year.	K 712	K712- Fire drills are held at expected and unexpected times under varying conditions at least quarterly on each shift, to ensure the safety of all residents and staff. Fire drill records have been revised to include the simulation of an emergency phone call to the fire department. Implementation for the new process will be completed by May 10th. The facility has only one fire drill per month so there is no other procedure that is affected by this practice. Fire drill forms have been revised and now include simulated call section. Old forms will be discarded. Retraining of all staff and	5/1/23

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K 712	Continued From page 5	K 712	review of related documentation has occurred with maintenance staff responsible for the fire drills. The drills will be performed and documented by maintenance personnel, monitored by the administrator, and reported to the quality assurance committee on an annual basis. COMPLETION DATE May 10, 2023	