STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355050	A. BUILDING **02 - MAPLE MANOR CARE CENTER** B. WING _____	**02/19/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MANOR CARE CENTER	**1116 9TH AVE LANGDON, ND 58249**

(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 18 New 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 of Type V (111) construction. The building had a wet and dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall having a two-hour fire resistance rating was located between the independent living apartments attached to the south and the Maple Manor business occupancy attached to the north and west side of the Maple Manor Care Center. The Activity Room and Chapel were constructed and attached to the original nursing facility in 1997. The Activity Room and the Chapel were of Type II (111) construction with automatic sprinklers installed during the 2010 building project. The Activity Room and Chapel were included as areas used by residents during this survey.	K 000	1) Self-closing devices will be installed on all 4 mechanical room doors. 2) A space utilization review of the facility has been completed. All areas with similar hazard potential as referred in 6.2.2 have self-closing devices on the area doors. 3) A bi-annual survey of the building will be completed to determine that all areas containing hazards, classified above "ordinary hazards" are supplied with automatic door closing devices. 4) The survey indicated above will be accomplished during the facility Walk Thru which is done bi-annually. QA will review the facility Walk Thru forms upon completion. 5) Self-closing devices were ordered 2/19/2014. All devices will be installed by 3/21/2014.	
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1	K 029		

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

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 029	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure doors to hazardous areas were equipped with self-closing/automatic latching hardware. Observation determined the doors to the Mechanical Rooms in the 100, 200, 300, and 400 Households did not have self-closing devices.	K 029		