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 _____	**02/24/2016**

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		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or	K 038	1. The door stops that were mounted to the referenced doors have been removed allowing the doors to swing 180 degrees	3/3/16

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

Electronically Signed | 03/08/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MANOR CARE CENTER	**1116 9TH AVE LANGDON, ND 58249**

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K 038	Continued From page 1 landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The pair of corridor doors to the Linen Closet in the Household #1. 2) The pair of corridor doors to the Linen Closet in the Household #2. 3) The pair of corridor doors to the Linen Closet in the Household #3. This deficiency affected six (6) of eight (8) Clean Linen Storage Room corridor doors in the means of egress throughout the facility. The facility failed to ensure exit access was readily accessible at all times.	K 038	open. This has resulted in clear passage distances which exceed the minimum distance required by 7.2.1.4.4. These doors are in a corridor that is 102wide. The narrowest clear passage distance from handrail to door edge is now 94 vs. the 89 minimum requirement. 2. The facility has been surveyed for similar conditions. No additional areas have been identified. Recurrence of this nature would only happen if significant construction activity were ongoing. All construction activity plans need to be reviewed and approved by MMCC Administrative staff and NDDOH prior to project commencement. 3. Correction has been made and is now a permanent part of the facility. Plans for significant changes to the facility need to be reviewed and approved by MMCC Administrative staff as well as NDDOH prior to project commencement. 4. MMCC Administrative staff monitored the correction process and has verified compliance with the referenced guidelines. 5. Correction of the alleged noncompliance have been completed.	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1. This STANDARD is not met as evidenced by: Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be	K 046	1. The lighting circuit for the affected area is connected to an emergency power panel which is fed from the normal utility and the facility emergency generator	3/3/16

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K 046	Continued From page 2 employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Where emergency lighting is provided by automatic transfer between normal power service and an emergency generator, it is the intent to prohibit the installation, for any reason, of a single switch that can interrupt both energy sources. The facility failed to ensure the illumination of the means of egress. Observation determined normal lighting for the stair to the penthouse was controlled by a manual switch. In the event of loss of commercial power, the switch for the stair lighting may be in the "off position" and prevent emergency power from reaching the stair enclosure lighting. Failure to provide available emergency power to the penthouse stair illumination could increase the risk of injury or death. This deficiency affected one (1) of one (1) stair enclosure in the facility.	K 046	sources. Circuitry of the stairwell lighting has been modified so that 2 light fixtures are powered directly from the emergency circuit without a switch that could interrupt either energy source. 2. The facility has been surveyed for similar conditions. No additional areas have been identified. Recurrence of this nature would only happen if significant construction activity were ongoing. All construction activity plans need to be reviewed and approved by MMCC Administrative staff and NDDOH prior to project commencement. 3. Correction has been made and is now a permanent part of the facility. Plans for significant changes to the facility need to be reviewed and approved by MMCC Administrative staff as well as NDDOH prior to project commencement. 4. MMCC Administrative staff monitored the correction process and has verified compliance with the referenced guidelines. 5. Correction of the alleged noncompliance have been completed.	