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 CE B. WING _____	R 07/21/2010

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 revisit survey used the 2000 edition of NFPA 101, Life Safety Code, Chapters 18 - 19 New and Existing Health Care Occupancies in compliance with 42 CFR 483.70(a). The facility is located in a one-story building of Type II (111) and Type V (111) construction. The smoke compartments that are Type V (111) construction are protected throughout by an automatic sprinkler system designed to meet NFPA 13, Standard for the Installation of Sprinkler Systems. The existing building was surveyed as an existing health care occupancy (Chapter 19) and the 2009 addition was surveyed as a new healthcare occupancy (Chapter 18). An apartment building was connected to the south side and separated by an occupancy separation wall having a two-hour fire resistance rating. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the building by August 13, 2013.	{K 000}		
{K 067} SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by:	{K 067}		

ABORATORY 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 ays 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 067}	Continued From page 1 Egress corridors must not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. Air transfer openings are not permitted in walls separating egress corridors from adjoining areas. The facility failed to prevent the corridor being used as a portion of the return air system. The return air system for the central heating and cooling system is through the concealed space above the suspended ceiling of the egress corridors. Corridor walls throughout the original 1970 building have return air duct penetrations (equipped with fire dampers) that extend into a wild air return concealed space above the suspended ceiling. The exit corridor suspended ceiling design is smoke resistive but does not provide at least a 1/2 hour fire separation.	{K 067}	A temporary waiver request for Tag K067 was approved by the CMS Denver Regional Office. The time extension request was approved as follows: The ventilation system is to be corrected by December 31, 2010.	
{K 130} SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 Section 8.6.2 Temporary Separation Walls. a) Protection shall be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls shall have at least a 1-hour fire resistance rating. c) Opening protection shall have at least a 45-minute fire protection rating.	{K 130}		

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{K 130}	Continued From page 2 The facility failed to provide fire rated partitions between the occupied spaces and the construction areas. Observation determined that a one-hour fire rated partition with 45-minute fire rated doors was not provided between the new addition that is currently under construction and the occupied facility.	{K 130}		