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	12/09/2009

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, Chapters 18 - 19 New and Existing Health Care Occupancies in compliance with 42 CFR 483.70(a) and NDAC 33-07-04.2-09(1)(c). 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 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This STANDARD is not met as evidenced by:	K 012		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connie MacPherson | TITLE: Administrator | (X6) DATE: 12-30-09

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 012	Continued From page 1 The facility failed to ensure Type II (111) building construction was maintained. 1) The two (2) layers of gypsum board attached to the bottom of the rafters are a part of the one-hour ceiling/roof assembly. Holes left from unused suspended ceiling anchor points and electrical conduit and plastic pipe penetrations were not sealed with fire rated caulking installed in accordance with the manufacturer's guidelines. Observation determined: a) Two (2) electrical conduit penetrations above the double doors into the 200 Household were not sealed. b) A PVC vent pipe penetration above the bathroom suspended ceiling in Resident Room 203 was not properly sealed. c) Unused suspended ceiling anchor points throughout the facility were not filled with fire rated material. 2) Load bearing walls are required to be one-hour fire rated assemblies and all penetrations in the walls must be sealed with a one-hour fire rated assemblies. Control joints were not properly installed and electrical conduit, low-voltage, pipe and exhaust duct penetrations were not sealed with fire rated caulking installed in accordance with the manufacturer's guidelines. Observation determined: a) The control joints above each door throughout the facility were not backed with three layers of gypsum board in the wall cavity.	K 012	K 012 2a. 1. HDG is responsible to review the wall type and application for proper construction and deliver an engineering judgement providing fire rated membrane protection. Correction of deficincies identified will be accomplished by coordinating detail and logistics between HDG and the contractor. Written direction will be provided to the contractor for corrective action. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the scope of the correction a completion extension to 03-26-2010 is requested.	

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K 012	Continued From page 1 The facility failed to ensure Type II (111) building construction was maintained. 1) The two (2) layers of gypsum board attached to the bottom of the rafters are a part of the one-hour ceiling/roof assembly. Holes left from unused suspended ceiling anchor points and electrical conduit and plastic pipe penetrations were not sealed with fire rated caulking installed in accordance with the manufacturer's guidelines. Observation determined: a) Two (2) electrical conduit penetrations above the double doors into the 200 Household were not sealed. b) A PVC vent pipe penetration above the bathroom suspended ceiling in Resident Room 203 was not properly sealed. c) Unused suspended ceiling anchor points throughout the facility were not filled with fire rated material. 2) Load bearing walls are required to be one-hour fire rated assemblies and all penetrations in the walls must be sealed with a one-hour fire rated assemblies. Control joints were not properly installed and electrical conduit, low-voltage, pipe and exhaust duct penetrations were not sealed with fire rated caulking installed in accordance with the manufacturer's guidelines. Observation determined: a) The control joints above each door throughout the facility were not backed with three layers of gypsum board in the wall cavity.	K 012	K012 1 a,b,c. 1. The contractor is responsible to examine the compliance with type II (111) building construction requirements. All penetrations including those around electrical conduit, holes left from unused suspended ceiling anchor points, plastic or PVC pipe penetrations, etc, will be checked for proper seal and corrected as necessary to assure installation is in accordance with manufacturers guidelines. The contractor will provide documentation and pictures of all completed work. 2. The contractor will examine the entire facility for similar penetration seal deficiencies. Proper correction of deficiencies will be accomplished as necessary. 3. The contractor intends to obtain fire caulking services from a certified applicator who will examine the entire building and make corrections as necessary in accordance with manufacturer guidelines. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a Helenski Design Group representative. 5. Due to the scope of the correction a completion extension to 03-26-2010 is requested.	

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K 012	Continued From page 2 b) The exhaust duct penetration from the Bathroom located northeast of the Dining Room was not sealed on the bathroom side of the wall. c) Pipe penetrations in the load bearing walls throughout the facility were not properly sealed.	K 012	K012 2 b,c 1. Contractor is responsible to examine the entire facility to identify and correct areas not in compliance with type II (111) building construction requirements. Exhaust duct, pipe and other penetrations etc. will be checked for proper seal and corrected as necessary to assure installation is in accordance with the manufacturers guidelines. The contractor will provide documentation and pictures of all completed work 2. The contractor will examine the entire facility for similar penetration seal deficiencies. Proper correction of deficiencies will be accomplished as necessary. 3. The contractor intends to obtain fire caulking services from a certified applicator who will examine the entire building and make corrections as necessary in accordance with manufacturer guidelines. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the scope of the correction a completion extension to 03-26-2010 is requested.	
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5 This STANDARD is not met as evidenced by: When applying exception No. 1 to 18.3.6.1 for areas open to the corridor of unlimited size, the space must be protected by an electrically supervised automatic smoke detection system when the space is not in direct supervision of the facility staff from a nurses station or similar space. The facility failed to ensure areas that were open to the corridor were electrically supervised with an automatic smoke detection system or in direct supervision of a nurses station. Observation determined the Dining Room and the Great Room were open to the corridor and were not adequately protected by an electrically supervised automatic smoke detection system.	K 017		
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		

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K 012	Continued From page 2 b) The exhaust duct penetration from the Bathroom located northeast of the Dining Room was not sealed on the bathroom side of the wall. c) Pipe penetrations in the load bearing walls throughout the facility were not properly sealed.	K 012		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5 This STANDARD is not met as evidenced by: When applying exception No. 1 to 18.3.6.1 for areas open to the corridor of unlimited size, the space must be protected by an electrically supervised automatic smoke detection system when the space is not in direct supervision of the facility staff from a nurses station or similar space. The facility failed to ensure areas that were open to the corridor were electrically supervised with an automatic smoke detection system or in direct supervision of a nurses station. Observation determined the Dining Room and the Great Room were open to the corridor and were not adequately protected by an electrically supervised automatic smoke detection system.	K 017	K017 1. HDG is responsible to examine the facility to verify that all areas not in direct supervision from the nurses station or other staff locations are protected by an electrically supervised smoke detection system and provide an engineering judgement. Correction of deficiencies identified will be accomplished by coordinating detail and logistics between HDG and the Contractor. Written direction will be provided to the contractor for corrective action. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the complex nature and scope of the correction a completion extension to 03-26-2010 is requested.	
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		

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K 025 SS=F	Continued From page 3 Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: The facility failed to ensure three (3) of five (5) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) The control joints above the double doors into the 100, 200, and 300 Household were not backed with three layers of gypsum board in the wall cavity. 2) The fire caulking of electrical conduit wiring penetrations above the three cross-corridor doors in the new addition and in the Storage Room adjacent to the Dining Room were not sealed with fire caulking.	K 025	K025 1. 1. HDG is responsible to review the wall type and application for proper construction and deliver an engineering judgement providing fire rated membrane protection. Correction of deficiencies identified will be accomplished by coordinating detail and logistics between HDG and the contractor. Written direction will be provided to the contractor for corrective action. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the scope of the correction a completion extension to 03-26-2010 is requested.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour	K 029		

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K 025 SS=F	Continued From page 3 Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: The facility failed to ensure three (3) of five (5) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) The control joints above the double doors into the 100, 200, and 300 Household were not backed with three layers of gypsum board in the wall cavity. 2) The fire caulking of electrical conduit wiring penetrations above the three cross-corridor doors in the new addition and in the Storage Room adjacent to the Dining Room were not sealed with fire caulking.	K 025	K025 2. 1. The contractor is responsible to examine all penetrations above the cross-corridor doors and storage room reference for proper fire caulking seal. Deficiencies found will be corrected using methods which assure installation in accordance with manufacturers guidelines. The contractor will provide documentation and pictures of the completed work. 2. The contractor will examine the entire facility for similar penetration seal deficiencies. Proper correction of deficiencies will be accomplished as necessary. 3. The contractor intends to obtain fire caulking services from a certified applicator who will examine the entire building and make corrections as necessary in accordance with manufacturer guidelines. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the scope of the correction a completion extension to 03-26-2010 is requested.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour	K 029		

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K 029	Continued From page 4 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 This STANDARD is not met as evidenced by: The facility failed to ensure the walls that enclose three (3) of eight (8) hazardous areas were at least one-hour fire rated. Observation determined: 1) The control joints above each door to the Storage Rooms in the 100, 200, and 300 Households were not backed with three layers of gypsum board in the wall cavity. 2) The doors to the Storage Rooms in the 100, 200, and 300 Households were 20 minute fire rated assemblies rather than the required 45 minute fire rated assemblies.	K 029	K029 1. 1. HDG is responsible to review the wall type and application for proper construction and deliver an engineering judgement providing fire rated membrane protection. Correction of deficincies identified will be accomplished by coordinating detail and logistics between HDG and the contractor. Written direction will be provided to the contractor for corrective action. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the complex nature of the scope of the correction a completion extension to 03-26-2010 is requested.	
K 050 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by:	K 050		

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K 029	Continued From page 4 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 This STANDARD is not met as evidenced by: The facility failed to ensure the walls that enclose three (3) of eight (8) hazardous areas were at least one-hour fire rated. Observation determined: 1) The control joints above each door to the Storage Rooms in the 100, 200, and 300 Households were not backed with three layers of gypsum board in the wall cavity. 2) The doors to the Storage Rooms in the 100, 200, and 300 Households were 20 minute fire rated assemblies rather than the required 45 minute fire rated assemblies.	K 029	K029 2. 1. The contractor is responsible to replace the referenced doors with 45 minute rated doors. The doors have been ordered however a delivery date is not known at this time. 2. This should be a one time issue during the construction however Maple Manor Care Center, HDG and the contractor will accomplish a review of doors in all rated walls to assure proper selection. 3. This should be a one time issue during the construction. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the unknown delivery date a completion extension to 03-26-2010 is requested.	
K 050 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by:	K 050	K050 1. The facility will schedule and document all fire drills as a routine maintenance activity. 2. Fire drill performance records will be reviewed by Maple Manor Care Center staff monthly. 3. Fire drills will be scheduled by the business office or quality assurance personel. The office staff will document fire drill performance upon completion to assure compliance within the appropriate time frame. 4. Fire drill records will be evaluated each month by Maple Manor Care Center staff to assure compliance. 5. A schedule and a monitoring procedure will be in place by Janurary 15, 2010.	

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K 050	Continued From page 5 The facility failed to conduct quarterly fire drills on each shift. Record review showed a fire drill was not conducted on the night shift during the second quarter of 2009.	K 050	K052 1. 1. The facility will schedule and document all testing of fire alarm systems as a routine maintenance activity. 2. Fire alarm test records will be reviewed by Maple Manor Care Center staff monthly. 3. Fire alarm tests will be scheduled by the business office or quality assurance personnel. The office staff will document fire alarm tests before and after completion to assure compliance within the appropriate time frame. 4. Testing reports and other documentation will be evaluated at the end of each month by Maple Manor Care Center staff to assure all areas are in compliance. 5. A schedule and a monitoing procedure will be in place by Janurary 15, 2010. K052 2. 1. Discussion between Maple Manor Care Center maintence supervisor and Mr. Nelson on 12-29-2009 concluded that the dialer is located at the front desk area and is properly protected by a photoelectric smoke detector above the unit. The finding will be removed. 2. N/A 3. N/A 4. N/A 5. N/A	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system is in compliance with NFPA 72, National Fire Alarm Code. Review of the fire drill/fire alarm test records indicated: 1) The facility failed to document the monthly testing of fire alarm system during March 2009. 2) The fire alarm panel dialer located in the Boiler Room was not protected with an approved device. CMS requires a photoelectric smoke detector above the fire alarm panel. If conditions do not permit a smoke detector, a rate-of-rise heat detector may be used.	K 052		
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed	K 056		

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K 056	Continued From page 6 in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. The facility did not install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1) The west corridor to Wheatland was not protected by the automatic sprinkler system. 2) NFPA 13 requires concealed combustible spaces be protected by the automatic fire sprinkler system. The soffits above the cross-corridor doors into the 100, 200, and 300 Household and the soffits in the Great Room form concealed spaces of combustible construction and were not protected by the sprinkler system.	K 056	K056 1. 1. HDG is responsible to examine the facility to verify that the automatic sprinkler system is installed in accordance with NFPA 13. Correction of deficiencies identified will be accomplished by coordinating details and logistics between HDG and the contractor. Witten direction will be provided to the contractor for corrective action. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the complexity and scope of the correction a completion extension to 03-26-2010 is requested.	
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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 _____	12/09/2009

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 056	Continued From page 6 in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. The facility did not install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1) The west corridor to Wheatland was not protected by the automatic sprinkler system. 2) NFPA 13 requires concealed combustible spaces be protected by the automatic fire sprinkler system. The soffits above the cross-corridor doors into the 100, 200, and 300 Household and the soffits in the Great Room form concealed spaces of combustible construction and were not protected by the sprinkler system.	K 056	K056 2. 1. HDG is responsible to examine the facility to verify that consealed combustible spaces as referenced are protected by the automatic fire sprinkler system in accordance with NFPA 13. 2. Engineering assistance will be requested for HDG for review of the entire facility and plans to identify other potential areas of similar deficiency. Corrective action will be designed and accomplished as necessary. 3. Being a design deficiency, the practice should not recur once the proper correction has been implemented. 4. The corrective actions will be accomplished under the construction superintendent direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a HDG representative. 5. Due to the complex nature and scope of the correction a completion extension to 04-23-2010 is requested.	
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062 SS=F	Continued From page 7 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. Sprinkler record review determined the facility failed to conduct an annual test and maintenance of the sprinkler system upon completion of the new addition.	K 062	K062 1. The facility will work with the sprinkler system installer to develop a schedule and procedure for annual maintenance and testing. The building and system remain under construction therefore a partial system test will be accomplished on the active portion in the near future. Testing of the remaining portion will be completed following final installation and will be scheduled as a routine maintenance activity. 2. Final system testing will include the entire sprinkler system and records will be reviewed by Maple Manor Care Center staff. 3. Sprinkler system testing will be scheduled by the business office or quality assurance personnel. The office staff will document the testing upon completion to assure compliance. 4. The sprinkler system test records will be evaluated annually by Maple Manor Care Center staff to assure continued compliance. 5. A testing procedure and schedule will be developed by 01-29-2010.	
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	K 067		

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K 067	Continued From page 8 This STANDARD is not met as evidenced by: 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. 2) The piping of water heater relief valves must be in accordance with the International Mechanical Code. The discharge must be installed in a manner that does not cause personal injury or property damage and that is readily observable by the building occupants. The discharge from a relief valve must not be tapped. The discharge piping must be the same diameter as the relief valve outlet, installed so as to drain by gravity flow and must terminate atmospherically not more than six (6) inches above the floor. The end of the discharge pipe must not be threaded.	K 067	A temporary waiver request for Tag K067-1 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, 2009. K067 1. 1. Maple Manor Care Center is currently building a new facility to accomadate all 63 licensed beds. At this time 48 beds/residents are residing in the new facility. Fifteen beds/residents remain in the waivered portion of the existing facility. Occupancy of the remaining 15 bed area is expected by 09-30-2010 a request for waiver of certifcation has been submitted for consideration. 2. The new facility is under construction which will accommodate all licensed beds/residents. 3. All current licensing concerns will be met by occupying the new facility. 4. The new facility will correct all deficiencies. 5. Final occupancy of the new facility is expected by 09-30-2010.	

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K 067	Continued From page 8 This STANDARD is not met as evidenced by: 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. 2) The piping of water heater relief valves must be in accordance with the International Mechanical Code. The discharge must be installed in a manner that does not cause personal injury or property damage and that is readily observable by the building occupants. The discharge from a relief valve must not be tapped. The discharge piping must be the same diameter as the relief valve outlet, installed so as to drain by gravity flow and must terminate atmospherically not more than six (6) inches above the floor. The end of the discharge pipe must not be threaded.	K 067	A temporary waiver request for Tag K067-1 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, 2009. K067 2. 1. The contractor is responsible to correct the deficiency by extending the pressure relief discharge piping of appropriate diameter to the atmosphere not more than 6 inches from the floor. 2. The contractor and facility representative will inspect each water heater for compliance an correct any deficiency identified. 3. Being a construction issue, this practice should not recur following completion. 4. The corrective actions will be accomplished under the construction superintendant direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a Helenski Design Group representative. 5. Completion of extending the discharge piping is expected by 01-22-2010.	

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K 067	Continued From page 9 The facility failed to ensure the water heater relief valves were properly piped to within six (6) inches from the floor. Observation determined the water heater boosters in the 100, 200, and 300 Household Mechanical Rooms were not piped to within six (6) inches of the floor.	K 067		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Electrical wiring throughout a health care occupancy must comply with NFPA 70, National Electrical Code. 1) NFPA 70-517.13 Grounding of Receptacles and Fixed Electric Equipment in Patient Care Areas. Wiring in patient care areas shall comply with 517.13(A) and 517.13(B). (A) Wiring Methods. All branch circuits serving patient care areas shall be provided with a ground path for fault current by installation in a metal raceway system, or a cable having a metallic armor or sheath assembly. The metal raceway system, or metallic cable armor, or sheath assembly shall itself qualify as an equipment grounding return path in accordance with 250.118. (B) Insulated Equipment Grounding Conductor. The grounding terminals of all receptacles and all	K 147	K147 1 a,b 1. All branch circuits serving patient care areas will be provided with a ground path for fault current by installation in a metal raceway system, or cable having a metallic armor or sheath assembly. The metal raceway system, or metallic cable armor or sheath assembly shall itself qualify as an equipment grounding return path in accordance with 250.118. 2. Resolution of the issue will apply to the entire facility. 3. Being a construction issue, this practice will not recur following correction. 4. The corrective actions will be accomplished under the construction superintendant direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a Helenski Design Group representative. 5. Due to the extensive nature and scope of correction a completion extention of 5-14-2010 is requested.	

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K 147	Continued From page 10 non-current-carrying conductive surfaces of fixed electric equipment likely to become energized that are subject to personal contact, operating at over 100 volts, shall be grounded by an insulated copper conductor. The equipment grounding conductor shall be sized in accordance with Table 250.122 and installed in metal raceways or as a part of listed cables having a metallic armor or sheath assembly with the branch-circuit conductors supplying these receptacles or fixed equipment. The facility failed to ensure the electrical wiring was in a metal raceway system. Review of documentation indicated that the 100, 200, and 300 Households were wired with non-metallic sheathed cable rather than in a metal raceway system. 2) All electrical panelboard circuits must be legibly identified as to purpose or use on a circuit directory located on the face or inside of the panel doors. The facility failed to ensure all of the electrical circuits were identified on the face or inside of the panel doors. Observation determined that electrical circuits throughout the new addition were not identified on the inside of the panel doors.	K 147	K147 2. 1. The contractor is responsible to correct the electrical panel board labeling deficiency referenced by providing legible schedules fo each panel board. 2. The contractor and facility representative will inspect each panel board for the presence of legible labeling. Deficiencies noted will be corrected as necessary. 3. Being a construction issue, this practice should not recur following completion. 4. The corrective actions will be accomplished under the construction superintendant direction. Maple Manor Care Center Maintenance supervisior, construction review representative, or the administrator will coordinate final acceptance with a Helenski Design Group representative. 5. Completion of appropriate labeling is expected by 01-29-2010.	