STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/07/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST WAHPETON, ND 58075**

(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 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate non-compliance with these standards. The original building was one-story of Type II (111) construction. Additions attached to the structure were of Type V (000) construction with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for Installation of Sprinkler Systems. A Fire Safety Evaluation System (FSES) was conducted as a result of the 5/7/13 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 024 - Travel Distance Within Smoke Compartment and K 056 - Combustible Canopy Not Sprinklered. The facility passed the FSES upon correction of all other deficiencies. 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 buildings by August 13, 2013.	K 000		
K 024 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD The smoke compartments do not exceed 22,500 square feet and the travel distance to and from any point to reach a door in the required smoke barrier does not exceed 200 feet. 19.3.7.1	K 024		5/7/13

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

X _____ CEO 5-23-13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/07/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST WAHPETON, ND 58075**

(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 024	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure the travel distance to reach a door in the required smoke barrier did not exceed 200 feet. Observation determined the 500/600 Wing smoke compartment exceeded the maximum 200 feet travel distance to reach the nearest smoke barrier.	K 024	A Fire Safety Evaluation System (FSES) was conducted as a result of the 5/7/13 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 024 - Travel Distance Within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of six (6) hazardous areas was separated from other spaces by smoke resisting partitions. Observation determined a portion of the sprinklered South Boiler Room gypsum board ceiling (2 feet by 3 feet) section became	K 029	The 2x3 section of fallen ceiling in the South Boiler room will be replaced with 5/8 inch gypsum board and sealed in accordance with the 8.4.1 and/or 19.3.5.4 of the Life Safety Code. All ceilings will be will be monitored throughout the facility and maintained to comply with the Life Safety Code. This will be monitored monthly and maintained with the use of a Life Safety audit and will be monitored by Plant Operations.	6/15/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/07/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST** **WAHPETON, ND 58075**

(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 029	Continued From page 2 unattached and fell away from the ceiling space.	K 029		
K 056 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: The facility failed to ensure all areas were protected by the automatic fire sprinkler system. Observation determined the combustible canopies greater than 48 inches in depth located at the exterior of the south exit of the Dietary Service Area and northeast exit were not protected by the sprinkler system.	K 056	A Fire Safety Evaluation System (FSES) was conducted as a result of the 5/7/13 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 056 - Automatic Sprinkler System Coverage. The facility passes the FSES upon correction of all other deficiencies.	5/7/13
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	1307 N 7TH ST WAHPETON, ND 58075

(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 144	Continued From page 3 This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was exercised under load for 30 minutes per month. Records review determined a 30-minute load test on the emergency generator was not documented during July, September and November 2012.	K 144	The facility generator will be exercised for a 30 minute period monthly and documented in the facility Emergency Generator Log Book. Documentation Will be checked and audited monthly to assure this 30 minute generator test has been completed. This will be monitored monthly and maintained with the use of a Life Safety audit and will be monitored by Plant Operations.	6/15/13