STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355033	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**02/28/2017**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance 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. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The 700 Wing was not included in this survey. The 700 Wing was separated from the remainder of the building by a wall designed to have a a two-hour fire resistance rating and doors and frame assembly having at least a 90-minute fire protection rating. A Fire Safety Evaluation System (FSES) was conducted as a result of the 02/28/2017 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 371 - Travel Distance within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 347 SS=F	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Smoke detectors are not be located in a direct	K 347	K347	3/9/17

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

Electronically Signed | 03/09/2017

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	355033	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**02/28/2017**

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

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K 347	Continued From page 1 airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. Smoke detectors should be located farther away from high velocity air supplies. NFPA 72 National Fire Alarm and Signaling Code 2010 edition, 17.7.6.3.2, A.17.7.4.1. The facility failed to ensure smoke detectors were installed in accordance with NFPA 72, National Fire Alarm and Signaling Code 2010 edition. Observation determined numerous smoke detectors were located within three (3) feet of a supply air diffuser in the corridor and multiple rooms. Failure to install smoke detectors in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected two (2) of four (4) smoke compartments.	K 347	1. The facility will move all smoke detectors that are within 3ft of an air supply, return or any other type of vent. 2. Maintenance will inspect the facility for any smoke detection that does not meet NFPA code 72 and move them immediately upon finding. 3. Maintenance will conduct a quarterly inspection of smoke detectors and immediate inspection of the new detectors installed ensuring that all detections meet NFPA code 72. 4. Maintenance will document that smoke detector inspection showing the compliance of life safety code 72. 5. Smoke heads will be moved to meet NFPA code 72 by no later than 4/14/17.	
K 353 SS=E	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test	K 353		3/9/17

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	355033	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**02/28/2017**

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ST CATHERINES LIVING CENTER	**1307 N 7TH ST WAHPETON, ND 58075**

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K 353	Continued From page 2 c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: 1) Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1), NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined two (2) sprinkler in the walk-in cooler and one (1) sprinkler in the walk-in freezer located in the South Kitchen were of ordinary-temperature classification. The walk-in freezer and walk-in cooler were equipped with an automatic defrosting feature. NFPA 13 requires sprinklers to be intermediate temperature rated in automatic defrosting walk-in freezers and walk-in coolers. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected two (2) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility. 2) The facility failed to ensure the automatic fire	K 353	K353 1. Ace fire protection will replace identified sprinkler heads, (2) in south cooler and (1) in south freezer with higher temp green head sprinkler heads, and replace identified sprinkler heads that have corrosion or paint, (2) in south dish room and (1) in north dish room and (1) in bathroom of room 605. 2. Maintenance will inspect the facility for any sprinkler heads that do not meet NFPA 13 or NFPA 25 and replace immediately upon finding. 3. Maintenance will conduct a quarterly inspection of sprinkler heads to ensure they meet NFPA code 13 and NFPA code 25. 4. Maintenance will document results from quarterly inspection that show all sprinkler heads are in compliance with NFPA code 13 and NFPA code 25. 5. Identified sprinkler heads will be replaced to meet NFPA code 13 and NFPA code 25 no later than 4/14/17.	

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K 353	Continued From page 3 sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined: a) One (1) of one (1) sprinkler in the closet of Resident Room #605 had paint on the sprinkler deflector and may not operate at the correct temperature. b) Two (2) of two (2) sprinklers in the South Dishwashing Room were corroded and may not operate at the correct temperature. c) One (1) of two (2) sprinklers in the North Dishwashing Room was corroded and may not operate at the correct temperature. Failure to inspect, test and maintain the components of the automatic fire sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected numerous inspections, tests and components of the automatic fire sprinkler system which serves the North and South Dishwashing Rooms.	K 353		
K 371 SS=B	NFPA 101 Subdivision of Building Spaces - Smoke Compar Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor	K 371		2/28/17

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K 371	Continued From page 4 with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. 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. Failure to ensure travel distance within a smoke compartment complies with Life Safety Code requirements increases the risk of death or injury due to fire. This deficiency affected one (1) of four (4) smoke compartments.	K 371	A Fire Safety Evaluation System (FSES) was conducted as a result of the 02/28/2017 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 371 - Travel Distance within Smoke Compartment. The facility passes the FSES upon correction of all other deficiencies.	