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 _____	**05/18/2016**

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 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 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 05/18/2016 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 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 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 05/18/2016 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.	6/6/16

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

Electronically Signed | 06/06/2016

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 _____	**05/18/2016**

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 024	Continued From page 1 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 five (5) smoke compartments in the facility.	K 024		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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 separate hazardous areas from other spaces with one-hour fire resistive rated partitions. 18.3.2.1 Due to the change in use of a Resident Room to a Store Room, the room was surveyed using Chapter 18-New Health Care Occupancies. Observation determined Resident Room 404 in the 400 Wing was being used as a store room to store combustible materials, creating a hazardous area. The room was greater than 100 square feet. The room was not separated from other spaces by one-hour fire resistive rated partitions. Failure to separate hazardous areas increases the risk of death or injury due to fire.	K 029	1. The facility will ensure that all new hazardous areas are separated from all other spaces with a 1 hour fire rated construction in accordance with life safety section 8.4.1 2. Maintenance will ensure that only rooms designated for storage rooms are used as storage and hazardous areas in accordance with life safety code 8.4.1 3. Maintenance will remove combustible materials from room 404 making this a non-hazardous area in accordance to the life safety code. 4. Maintenance will maintain a monthly	6/3/16

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	355033	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/18/2016**

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K 029	Continued From page 2 The deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	check of all rooms to ensure that rooms are not being used as storage or hazardous areas at any time. 5. Removal of combustible material from room 404 to be complete by no later than July 2, 2016	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 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 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. The facility failed to ensure exit access was readily available at all times. Observation determined the corridor doors to the Housekeeping Closet in the North Wing and the Linen Closet in the South Wing opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire. This deficiency affected two (2) of numerous corridor doors in the means of egress throughout the facility.	K 038	1. The facility will ensure exit access is readily accessible at all times in accordance with section 7.1 2. The facility will ensure exit access is readily accessible at all times in accordance with section 7.1 3. Maintenance will remove hand rails from behind all doors in the corridor that swing outward into the corridor ensuring they do not project more than 7 inches into the corridor granting that exit access is readily accessible at all times. 4. Maintenance will maintain a monthly check of corridors to ensure there are on obstructions protruding in the corridor more than 7 inches and to ensuring means of egress at all times. 5. Removal of hand rails from behind doors set to be complete by no later than July 2, 2016	6/3/16