

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355033		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2019	
NAME OF PROVIDER OR SUPPLIER ST CATHERINES LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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 18-New Health Care Occupancies, 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 facility was located in a one-story building of Type V (000) construction. An addition attached to the structure was of Type II (111) 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 of Type II (111) construction had undergone a major renovation in 2017. The 700 Wing was surveyed using Chapter 18. A Fire Safety Evaluation System (FSES) was conducted as a result of the 06/04/2019 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 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas			K 321			7/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/17/2019

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.

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K 321	Continued From page 1 shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be protected in accordance with Section 8.7, and the areas described in Table 18.3.2.1 shall be protected as indicated. 18.3.2.1 Doors in barriers required to have a fire resistance rating shall have a minimum 3/4-hour fire protection rating and shall be self-closing or automatic-closing in accordance with 7.2.1.8. 8.7.1.3 The facility failed to protect hazardous areas in accordance with NFPA 101.	K 321	1. Contractor will order and replace the two doors identified as 700 wing central supply room and activity store room with 45 minute fire rated doors. The doors were ordered on 6/6/2019 with manufacturer. The contractor will come into install doors. The maintenance department has installed the self-closing device on the kitchen dry storage room, completed 6/6/2019. 2. Maintenance will inspect the remainder of the facility for hazardous areas and storage areas. Then will add self-closure devices and replace with fire rated doors		

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K 321	Continued From page 2 Observation determined: 1) The corridor doors to the Central Supply Room and the Activity Storage Room in the 700 Wing were 20-minute fire resistance rated. 2) The Door to the Kitchen Supply Room inside the Main Kitchen was not equipped with a self-closing device. Failure to protect hazardous areas increases the risk of injury or death due to fire. This deficiency affected three (3) of numerous hazardous areas in the facility.	K 321	as needed to be in compliance with NFPA 101. 3. Maintenance will conduct an immediate inspection of new areas used for any storage to ensure facility is in compliance with NFPA 101. 4. Maintenance will document any findings and changes made to any area of the building to maintain compliance with NFPA 101. 5. Completion Date will be July 19, 2019.	6/4/19	
K 371 SS=B	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor 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 REQUIREMENT 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	K 371	A Fire Safety Evaluation System (FSES) was conducted as a result of the 06/04/2019 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		

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K 371	Continued From page 3 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 three (3) smoke compartments.	K 371	FSES upon correction of all other deficiencies.		