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 _____	**06/11/2018**

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 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 of the Life Safety Code. A Fire Safety Evaluation System (FSES) was conducted as a result of the 06/11/2018 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 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by	K 211		7/26/18

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

Electronically Signed | 07/01/2018

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

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K 211	Continued From page 1 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT 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. 7.2.1.4.3.1 The facility failed to maintain the exit corridors free of obstructions. Observation determined the corridor door to the 700 Wing Linen Closet opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. Failure to maintain the means of egress free of obstructions at all times increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous corridor doors in the means of egress throughout the facility.	K 211	K211 1. The 700 Wing Linen Closet door and jamb will be Re-constructed not to exceed seven inches from the wall and leave not less than one-half of the required width of the corridor when in the fully opened position. Hand rail behind door will be removed to allow full swing of door. 2. All facility doors that swing into an aisle, corridor, Passage-way, or landing, will be placed on a compliance checklist to assure that means of egress shall leave not less than one-half of the required width of corridor and will not project more than seven inches into corridor. 3. Plant Operations will monitor old and new construction of corridor doors to assure that the means of egress according to Chapter 7 of NFPA 101 Life Safety Code is being met. 4. All facility doors that swing into an aisle, corridor, passageway, or landing, will be audited by the use of a Life Safety checklist	

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	355033	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**06/11/2018**

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

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K 211	Continued From page 2	K 211	to ensure that means of egress compliance is being met. This audit will be completed and documented monthly by Plant Operations. Results of this audit will be shared monthly for 1st quarter with Quality Council and then quarterly for one year. 5. Completion Date: 07/26/2018	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		7/1/18

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

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K 324	Continued From page 3 This REQUIREMENT is not met as evidenced by: Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. The facility failed to test and service the fire-extinguishing system serving the Kitchen exhaust hood in accordance with NFPA 96. Record review determined the fire-extinguishing system serving the Kitchen exhaust hood was inspected and serviced on 04/02/2018 and 09/27/2017. The time period exceeded 6 months. Failure to inspect and service the fire-extinguishing system for the Kitchen exhaust hood at required intervals increases the risk of injury or death due to fire. This deficiency affected one (1) of two (2) required inspections of the Kitchen exhaust hood fire-extinguishing system in the past year.	K 324	K324 1. Nardini Fire Equipment completed facility hood fire suppression inspection on April 2, 2018. Inspection was within compliance standards according to Code 96 of NFPA 101 Life Safety Code. 2. Plant Operations Director contacted Nardini Fire Equipment and received confirmation that the next two hood inspections will be completed within 6 month intervals no later than 10/02/18 and the following inspection will be done not later than 4/02/2018 to meet the requirement of Code 96 of the NFPA 101 Life Safety Code. 3. Plant Operations Director will create a Culinary Hood Inspection audit including required service and inspection dates to meet the requirement of Code 96 of the NFPA Life Safety Code. 4. The Culinary Hood Inspection audit will be completed and documented quarterly by Plant Operations Director. Results of this audit will be shared quarterly with Quality Council for one year. 5. Completion Date: 07/01/2018	
K 371 SS=B	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke	K 371		6/21/18

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K 371	Continued From page 4 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 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	A Fire Safety Evaluation System (FSES) was conducted as a result of the 06/11/2018 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.	