STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/02/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE LUTH CARE CTR	**2425 HILLVIEW AVE** **BISMARCK, ND 58501**

(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 facility was located in a one-story structure constructed in 1967. There were six additions (1973, 1980, 1985, 1997, 2003 and 2007) with partial basements under the 1967, 1980 and 1997 additions. The facility was Type II (000) construction. The buildings were protected throughout by a wet or dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. The partial basement of the original 1967 building was separated from the remainder of the structure by two-hour fire resistive construction. The Boiler Room and Maintenance Shop were located in the basement. An independent living apartment complex (Valley View) was attached to the east side of the nursing facility. This independent living apartment complex was of Type V (000) construction and was separated from the health care occupancy by an occupancy separation wall having a two-hour fire resistance rating.	K 000		
K 038	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	K 038		10/17/15

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

Electronically Signed | 09/11/2015

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 038	Continued From page 1 This STANDARD is not met as evidenced by: Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 7.2.1.5.1. The facility failed to ensure exit access was readily accessible at all times. Observation determined the facility had not ensured that doors in the means of egress were not locked against egress when the building was occupied. 1) The east and west stairway doors from the main floor in the Southeast Wing were found to be secured with a magnetic lock that required a code to be entered on a keypad to open the door. The doors were not equipped with a delayed egress feature. 2) The north exterior exit door from the Westview Wing was found to be secured with a magnetic lock that required a code to be entered on a keypad to open the door. The door was not equipped with a delayed egress feature. Failure to maintain the means of egress available at all times increases the risk of death or injury due to fire. The deficiency affected egress from three (3) of thirteen (13) smoke compartments in the facility.	K 038	1.The corrective action will be accomplished by removing control lock panels on egress doors on the East and West stairways and the North exterior exit door from the Westview wing. 2.All other egress doors in the facility were assessed. No others were found. 3.Superior Glass has been contracted to install a time delay release with a panic bar on the doors identified in #1. The locking mechanism will be removed. 4.The deficient practice will be remedied when the time release is added to the current doors. If a new door is installed and is an exit door, the time release will be added.	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		10/17/15

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K 144	Continued From page 2 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 3-4.1.1.15 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there were no remote annunciators located outside of the Generator Rooms at a work site readily observable by personnel for the 1967 and 1980 generators. Failure to ensure emergency generators are in compliance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected two (2) of three (3) emergency generators which provide all emergency power to the facility.	K 144	1.The corrective action will be accomplished by adding a remote annunciator outside of the generating room for the 1967 and 1980 generators. This annunciator will be installed in both the East and West wings at a nurse¿s station so it is readily observed. We have 24/7 staffing in these areas. 2.MSLCC has three facility generators; one was in compliance and two were not. 3.Enunciators will be installed in the Central and East nurses stations because these stations are staffed 24/7. Enunciators will be tied to the existing generator enunciator panels. 4.The Maintenance department runs the generators weekly to assure they are operating correctly	