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 _____	**09/13/2017**

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 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 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 with a wet and dry automatic sprinkler system designed in accordance with 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 347 SS=D	Smoke Detection CFR(s): NFPA 101 Smoke Detection 2012 EXISTING	K 347		9/25/17

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

Electronically Signed | 09/25/2017

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 _____	**09/13/2017**

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 347	Continued From page 1 Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors. Detectors should not be located in a direct airflow or closer than 36 in. from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1.1, NFPA 72 17.7.4.1, A.17.7.4.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm and Signaling Code. Observation determined smoke detectors in the following areas were installed within 36 in. of an air supply diffuser or return air opening: 1) The Janitor Closet by Resident Room 148. 2) The corridor by Resident Room 146. 3) The West Kitchen Storage Room. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected three (3) of numerous smoke detectors in the facility. The smoke detection system serves the entire facility.	K 347	1a)On 9/13/17 MSLCC maintenance moved the smoke detector in the SE-E janitors closet making it at least 36 inches from any ventilation or airflow system, making it comply with NFPA 72. 1b)On 9/13/17, MSLCC maintenance removed a ceiling fan from SE by room 146. MSLCC also hired Electrical Services to come in and move the smoke detector by room 146 SE. On 9/20/17 the smoke detector was moved at least 36 inches from any ventilation or airflow, making it comply with NFPA 72. 1c)On 9/13/17 MSLCC maintenance moved the violating smoke detector in the West Kitchen storage room. They moved it at least 36 inches from any ventilation or airflow, making it comply with NFPA 72. 2)MSLCC has numerous smoke detectors throughout the facility. All portions of the facility have the potential to be affected. 3)MSLCC maintenance department has done a walk-though of the facility and has not found any other violating smoke detectors in the facility. Maintenance staff checks smoke detectors annually and will continue to check for violating detectors to ensure that no detectors are missed. 4)Any new smoke detectors will be	

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 _____	**09/13/2017**

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 347	Continued From page 2	K 347	monitored to insure compliance.	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Sprinklers in the high-temperature zone shall be of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. 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.	K 351	1)On 9/13/17, The MSLCC Maintenance Director contacted NOVA Fire Protection informing them that we have numerous sprinkler heads that do not meet Life Safety tempter code. Nova will correct the violating sprinkler heads before 10/28/17. 1a)West Kitchen freezer area: 1 head within 7-20ft of a horizontal heater that is an ordinary-temperature-rated head and will been changed to be a high-temperature-rated head. 1b)West Kitchen Receiving Room: 3	10/28/17

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 _____	**09/13/2017**

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 351	Continued From page 3 1) NFPA 13 requires high-temperature-rated sprinklers within a 7 ft. radius cylinder extending 7 ft. above and 2 ft. below horizontal discharge unit heaters. Observation determined: a) One (1) sprinkler in the West Kitchen Freezer Room installed within 7 ft. of unit heaters was not high-temperature-rated. b) Three (3) sprinklers in the West Kitchen Receiving Room installed within 7 ft. of unit heaters were not high-temperature-rated. c) Two (2) sprinklers in the West Kitchen Store Room installed within 7 ft. of unit heaters were not high-temperature-rated. d) One (1) sprinkler in the West Kitchen by the Janitor Room installed within 7 ft. of unit heaters was not high-temperature-rated. 2) NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Observation determined: a) Two (2) sprinklers in the West Kitchen Store Room installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit heaters were not intermediate-temperature-rated. b) Two (2) sprinklers in the East Kitchen Store Room installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit	K 351	heads within 3-7ft horizontal heater that were ordinary temperature and will be changed to high-temperature-rated heads. 1c)West Kitchen Storage Room: 2 heads within 3-7ft of a horizontal heater that ordinary-temperature-rated and will be changed to be high-temperature-rated. 1d)West Kitchen by janitor□s closet: 1 head within 3-7ft of a horizontal heater that is an ordinary-temperature-rated head and will be changed to a high-temperature-rated head. 1e)West Kitchen Storage Room: 2 heads within 7-20ft horizontal heater that are ordinary-temperature-rated and will be changed to intermediate-temperature-rated. 1f)East Kitchen Storage Room: 2 heads within 7-20ft of a horizontal heater that are ordinary-temperature-rated heads and will be changed to intermediate-temperature-rated heads. 2)There are numerous sprinkler heads throughout the facility. All portions of the facility have the potential to be affected. 3)MSLCC maintenance department has done a walk-through of the facility and have not found any other violating sprinkler heads in the facility. 4)Any new heaters and sprinkler heads will be monitored to insure compliance.	

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 _____	**09/13/2017**

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 351	Continued From page 4 heaters were not intermediate-temperature-rated. 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 eleven (11) of numerous sprinklers in the facility. The automatic sprinkler system serves the entire facility.	K 351		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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 _____ 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 REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are	K 353	1) On 9/13/17, documents were made for the MSLCC Maintenance Department. Document includes: Date checked, Name of tester, Which systems were checked. On 9/13/17 Nova was contacted to	10/28/17

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 _____	**09/13/2017**

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 353	Continued From page 5 found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25, 13.2.7.1, 13.3.2.1.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. 1) Record review and interview with staff determined the control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. 4.6.12.3 There was an old fire department connection located above the Lower Level Laundry on the west end of the South East Wing that was not accessible from the ground level and was not in use, but visible to the public. The automatic sprinkler system has a new fire department connection located on the east end of the South East Lower Level. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353	remove the old fire department connection located above the lower level laundry department. This will be completed before 10/28/17. After its removal the building will be repaired. 2)The sprinkler system runs throughout the facility. All portions of the facility have the potential to be affected. Firemen hook-ups were added to the building, the old hook-ups were left in place. Future potential if new hooks-ups are added. 3)Maintenance Department will use this document to record monthly sprinkler system gauge and valve checks of all riser systems and valves. MSLCC maintenance has done a walk-through of the facility and has not identified any other violating life safety devices. In future, maintenance department will insure that unused life safety devices will be removed. 4)On 9/13/17 all systems in the facility were checked and recorded on this document. These monthly documents will be maintained by the MSLCC Maintenance Department. Maintenance Director will strive to be affluent in all Life Safety Codes through periodic review and take measures as needed to comply with standards.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 918		9/25/17

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 _____	**09/13/2017**

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 918	Continued From page 6 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor	K 918	1) On 9/13/17, a document was created for the MSLCC Maintenance Department.	

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 _____	**09/13/2017**

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 918	Continued From page 7 more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generators were in compliance with NFPA 99 and NFPA 110. Review of generator test records did not indicate: 1) That the minimum exhaust temperature	K 918	The 2 diesel generators were checked and results were documented on 9/19/17. 2) All areas, with the exception of the West View addition, have potential to be affected by these generators. 3) Maintenance will use this document to calculate and record the load % of our 2 diesel generators on a monthly basis. 4) On 9/19/17 maintenance made their first recording. Monthly documents will be maintained by the MSLCC maintenance department.	

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 _____	**09/13/2017**

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 918	Continued From page 8 provided by the manufacturer was achieved and that the monthly exercise of the 1967 diesel generator loaded the generator to at least 30% (30 kW) of the nameplate rating. The nameplate rating of the generator was 100 kW. 2) That the minimum exhaust temperature provided by the manufacturer was achieved and that the monthly exercise of the 1980 diesel generator loaded the generator to at least 30% (23 kW) of the nameplate rating. The nameplate rating of the generator was 75 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate rating or manufacturer's recommended temperature during the required monthly exercises. Failure to inspect and maintain emergency generators in accordance with NFPA 99 and NFPA 110 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 918		