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 _____	**09/28/2016**

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 SS=F	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: Every aisle, passageway, corridor, exit	K 038	1) Missouri Slope Lutheran Care Center	11/2/16

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

Electronically Signed | 10/07/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 038	Continued From page 1 discharge, exit location, and access shall be in accordance with Chapter 7. 19.2.1 The facility failed to ensure exit access was readily accessible at all times. Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2. Observation determined handrails on both sides of the corridors throughout the 1967, 1973, 1980, 1985 and 1997 buildings extended five (5) inches from the corridor wall and protruded into the exit corridor at a height of thirty-four (34) inches. The corridor was eight (8) feet wide at all locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from six (6) of eight (8) smoke compartments in the facility.	K 038	is requesting a waiver to K038 to allow projections of 5 in. on each side of the corridor. (Attached) 2) All portions of the facility are affected except the 2003 building. 3) Waiver currently being requested. 4) Waiver currently being requested.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program	K 052		11/12/16

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K 052	Continued From page 2 complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required. Review of fire alarm system test records dated 10/19/15 indicated the following devices were not tested as required by NFPA 72, National Fire Alarm Code: 1) One (1) auxiliary control device was not tested. 2) Five (5) door hold-open devices were not tested. 3) Two (2) of four (4) fire alarm system batteries had no documented load voltage test. Failure to test and maintain the fire alarm system as required increases the risk of death or injury due to fire. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	1) A vendor has been contracted to test all portions of the facility. 2) All portions of the facility have the potential to be affected. 3) A formal review of documentation will be completed by MSLCC upon completion of each test of the fire alarm system. 4) QAPI reports will be filed for the next year.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection	K 056		11/12/16

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K 056	Continued From page 3 measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Health care facilities shall be protected throughout by an approved, supervised automatic fire sprinkler system. 19.1.6, 19.3.5.1, 9.7, 9.4.2.2. Observation determined elevator pits for two (2) of four (4) hydraulically operated elevators lacked sprinklers in the bottom of the elevator shaft. Failure to provide automatic fire sprinkler system coverage throughout the building increases the risk of injury or death. This deficiency affected two (2) of four (4) elevators in facility.	K 056	1) A vendor has been contracted to install auto fire sprinkler systems in the elevator pits. 2) The facility has no more elevators that are affected. 3) The auto sprinkler system is tested quarterly. 4) All future and proposed elevator plans will be reviewed by MSLCC for compliance.	