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

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	07/29/2013

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 (Valleyview) 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 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061		

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

Robert L. Thompson | CEO-MSLCC | 8-5-13

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 061	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure water supply control valves for the automatic sprinkler system were electronically supervised by the fire alarm system. Observation determined the tamper switch installed for the automatic sprinkler system water control valve in the West Kitchen for the northwest freezer was not interconnected to the fire alarm panel.	K 061	1. How corrective action accomplished: This deficiency was corrected on Friday, August 2, 2013. The firm of Electrical Services was here to run the wires and conduit and the SIMPLEX firm programmed it in, so that the automatic sprinkler system water control valve for the northwest freezer in the West Kitchen is now interconnected to the fire alarm panel. A copy of the SIMPLEX service request form is hereby submitted indicating that the work has been completed.	Aug. 2, 2013

2. How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice: No other sprinklers in our building that require this connection exist at this time. If MSLCC should install any other freezers, the sprinkler system will be hooked up as required by the code.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Our maintenance staff have been instructed to be sure to remember this code requirement on any future freezer additions and or sprinkler systems to assure that we are in compliance.

4. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur: Our maintenance staff in their periodic walk thru reviews of our building will assure that these required interconnections remain connected.

5. Date when the corrective action will be completed . . . Our deficiency was completely corrected on August 2, 2013, which was only four days after the Life Safety Code surveyor indicated that we had this deficiency.