STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Recd 10.6.09 HF	355059	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/28/2009

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) and NDAC 33-07-04.2-09(1)(c). The facility is located in a one-story structure constructed in 1967. There were four additions (1973, 1980, 1985 and 1997) with partial basements under the 1967, 1980 and 1997 additions. This portion of the facility is Type II (000) construction. The 1980, 1985, and 1997 buildings are protected by wet automatic sprinkler systems 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 is separated from the rest of the structure by two-hour fire resistive construction. The boiler room and maintenance shop was located in the basement. The facility has an independent living apartment complex (Valleyview) attached to the east side of the facility. This building is of Type V(000) construction and is separated from the health care occupancy by an occupancy separation wall having a two-hour fire resistance rating. The 2003 addition (which houses the Special Care Unit-Westview) is attached to the west side of the facility and is separated by an occupancy separation wall having a two-hour fire resistance rating. This building is of Type V (111) construction with a wet automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems installed	K 000		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	President/CEO	10-2-09

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.

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 _____	09/28/2009

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K 000	Continued From page 1 throughout. The 2007 addition (kitchen storage) is attached to the northwest side of the facility and is separated by an occupancy separation wall having a two-hour fire resistance rating. The building is of Type V (000) construction and is not equipped with an automatic sprinkler system. At the conclusion of the LSC survey it was determined the facility was in compliance with the standards. Note: CMS requires unsprinklered long term care facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the buildings by August 13, 2013.	K 000		