STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING 01 MAIN BUILDING 01 B. WING	07/16/2014

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 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable	K 052	**K 052-How the corrective action will be accomplished;** Policy was changed to read, testing will be completed semi-annually in April and October in accordance with NFPA 70 National Electrical Code and NFPA 72.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	President / CEO	07/28/2014

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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	355059	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/16/2014

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K 052	Continued From page 1 requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was in compliance with NFPA 72, National Fire Alarm Code. Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. Records indicated a low voltage test of the fire alarm system batteries was conducted by the facility in March, 2014. Records did not indicate a low voltage test of the fire alarm system batteries was done prior to the March, 2014 test. This deficiency affected one (1) of two (2) required load voltage tests of the batteries in the last year. The fire alarm system serves the entire facility. Ref: 2000 NFPA 101 Section 16.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052	**How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice;** The WestView Unit has the potential to be affected. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;** A log was developed for the Voltage test under load semi-annually. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.** The testing will be completed by the maintenance department and monitored by the Director of Maintenance.	8-30-14
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A,	K 067		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MJLTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING 01 -MAIN BUILDING 01 B. WING	07/16/2014

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

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K 067	Continued From page 2 19.5.2.2 This STANDARD is not met as evidenced by: Any heating device other than a central heating plant shall be designed and installed so that combustible material will not be ignited by the device or its appurtenances. If fuel-fired, such heating devices shall be chimney connected or vent connected, shall take air for combustion directly from the outside, and shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperature or ignition failure. Exception No. 1: Approved, suspended unit heaters shall be permitted in locations other than means of egress and patient sleeping areas, provided that such heaters are located high enough to be out of the reach of persons using the area and are equipped with the safety features required by 19.5.2.2. Exception No. 2: Fireplaces shall be permitted and used only in areas other than patient sleeping areas, provided that such areas are separated from patient sleeping spaces by construction having not less than a 1-hour fire resistance rating and that such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650'F (343'C) and constructed of heat-tempered glass or other approved material.	K 067	**K 067-How the corrective action will be accomplished;** Missouri Slope Lutheran Care Center is requesting a waiver to K 067 to allow for a direct vent gas fireplace in a compartment within patient sleeping areas. **How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice;** MSLCC has no other gas fireplaces in the facility. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.** Waiver currently being requested. **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur;** Waiver currently requested	8-30-14

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	355059	A. BUILDING 01 MAIN BUILDING 01 B. WING	07/16/2014

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MISSOURI SLOPE LUTH CARE CTR	2425 HILLVIEW AVE BISMARCK, ND 58501

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K 067	Continued From page 3 If, in the opinion of the authority having jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required. 19.5.2.2. The facility failed to separate areas containing gas fireplaces from patient sleeping areas with one-hour fire resistive rated partitions. Observation determined eighteen (18) resident sleeping rooms were located in the same smoke compartment as the gas fireplace in the West View Wing. Failure to provide 1-hour fire resistance rated separation between resident sleeping rooms and fuel-fired heating devices increases the risk for death or injury due to fire. This deficiency affected one (1) of eight (8) smoke compartments.	K 067		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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: All Level 1 and Level 2 installations of an emergency generator shall have a remote manual	K 144	**K 144- How the corrective action will be accomplished;** Emergency remote stop buttons were installed outside of generator rooms and clearly identified on 7/22/14. **How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice;** Two generators identified had emergency stop buttons installed. **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;**	

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	355059	A. BUILDING 01 - **MAIN** BUILDING 01 B. WING	07/16/2014

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

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K 144	[Continued From page 4 : stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The facility failed to ensure the emergency generators were in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined there were no remote stop switches located outside the rooms that housed the three (3) generators within the facility. The three (3) generators were housed within the facility in separate rooms. Failure to ensure the emergency generator is in compliance with NFPA 110, Standard for Emergency and Standby Power Systems, increases the risk of death or injury due to fire. The deficiency affected three (3) of three (3) emergency generators providing emergency power for the nursing home. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 1999 NFPA 110 Section 3-5.5.6	K 144	Emergency stop test was added to the Maintenance Generator Chart and will be checked monthly. **How the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur;** The monthly testing will be completed by maintenance department and monitored by the Director of Maintenance.	8-30-14