

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER MISSOURI SLOPE LUTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 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 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 is Type II (000) construction. These buildings are 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 rest of the structure by two-hour fire resistive construction. The Boiler Room and Maintenance Shop was 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. At the conclusion of the Life Safety Code survey it was determined the facility was in compliance with the standards.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.