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
	355063	A. BUILDING **02 - MAIN BUILDING 02** B. WING ________	09/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKES HOME	242 10TH ST W DICKINSON, ND 58601

(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 18-New 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 two-story building of Type II (111) construction. The building was protected throughout by a wet/dry automatic sprinkler system designed to meet the requirements of the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems. 1) A two-hour fire resistance rated barrier provides separation to a building used for ancillary support; including offices, storage, and a kitchen. 2) A two-hour fire resistance rated barrier provides separation to an apartment building.	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This STANDARD is not met as evidenced by: The facility failed to maintain the one-hour fire resistive rating of the ceiling in two (2) of two (2) Penthouse access alcoves. Observation determined: 1) The ceiling access hatches were not a	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis Thielel
TITLE: CEO
(X6) DATE: 10-8-13

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 012	Continued From page 1 45-minute fire rated assembly. 2) The air duct penetrations through the ceilings were not equipped with fire dampers.	K 012	Sheetrock was added exposed steel studs on both penthouse access alcoves to meet the one hour fire rating. Air ducts were removed and holes were closed up with sheetrock in both ceilings below the penthouse access alcoves. Each of the penthouse areas were inspected and no issues found by our Director of Facilities and the State inspector. There will be a checklist gone through prior to any new construction and we will check with the state prior to any modification to our current structure. The Director of Facilities will be responsibliyand Administrator are responsible.	10-25-13