TATEMENT OF DEFICIENCIES ND 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	09/25/2014

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 and a one-story building of Type II (000) construction. A two-hour fire resistance rated construction barrier provided separation between the two-story building and the one-story building. 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. A two-hour fire resistance rated occupancy barrier provides separation to an apartment building to the northeast.	K 000		
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure a complete two-hour fire resistive rated wall assembly between the two-story Type II (111) construction building and the one-story Type II (000) construction building.	K 011		

RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis Goebel | TITLE: Administrator | (X6) DATE: 10-1-2014

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

emailed 10-3-14

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 _____	09/25/2014

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 011	Continued From page 1 Construction requirements do not allow buildings over one story with complete automatic sprinkler systems of Type II (000) construction. Observation determined unsealed spaces around two (2) data cables that penetrated through the two-hour fire resistive rated construction barrier that provided separation between the one-story building and the two-story building. The cable penetrations were located above the cross corridor doors in the corridor near the Main Lobby. Failure to ensure the fire resistive rating of required wall assemblies increases the risk of injury or death due to fire. This deficiency affected two (2) isolated penetrations through the two-hour fire resistive rated wall assembly.	K 011	1. K 011. The two (2) data cables that were penetrating the wall were filled with fire caulking. 2. All penetrations were checked to ensure there were all caulked or filled in maintaining a 2 hour fire rated construction barrier. 3. Letter's will be sent to all vendors requiring that they check with Director of Facilities or designee, prior to starting any work in the building and after work has been completed. This will also be posted at the entrance and reception areas of the building and all directors will be educated to direct and vendor prior to letting them do any work to check with maintenance. 4. A log sheet will be put in place for monitoring all penetrations. The monitoring will be completely quarterly on different sections of the building. Entire building will have been monitored at least annually.	9/26/14 10/09/14 10/09/14 10/09/14