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	10/12/2011

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

Life Safety

(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 and Chapter 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The facility was located in an existing one-story building of Type II (000) construction and a new 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. An apartment building was attached to the facility and was separated by an occupancy separation wall having a two-hour fire resistance rating. Note: The facility is currently undergoing a major remodel and building addition. This Life Safety Code survey has identified several deficiencies due to construction. It is the facility's responsibility to ensure the construction contractors maintain as much of the building's life safety components as possible throughout the remodeling.	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	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Karen Boulden | Administrator | 10/26/11

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 011	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to ensure complete two-hour fire rated wall assemblies between the long term care building and the assisted living building of nonconforming construction. Manufacturers typically design 90-minute fire rated, metal double doors to latch into the door frame and into the floor when not equipped with auxiliary fire latch hardware. The doors also must be equipped with a fire-rated smoke gasket. Observation determined the 90 minute fire rated double doors located between the long term care building and the assisted living building were not latching into the floor or equipped with an auxiliary fire latch. Also, a fire-rated smoke gasket was not provided on the door assembly.	K 011	K011: 1. In regard to the auxiliary fire latch on the 90 minute double doors between the long term care building and the assisted living corridor, the fire latch has been installed by the contractor before 10/10 (see attachment K011A). The fire-rated smoke gasket was installed 10/19/11. (see attachment K011B, K011C). 2. There are no other 90 minute metal double doors of this type. 3. New construction is completed in this area. Door will not need to be monitored unless it is moved, tampered with at which time it will be monitored. 4. QA committee will receive report of completed K011.	10/19/11
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5 This STANDARD is not met as evidenced by: The facility failed to ensure corridors were separated from use areas by walls constructed to limit the transfer of smoke.	K 017	K017: 1.Electrical conduit and pipe penetrations in the one story existing building: Unit 3 hallway across from Pepsi machine, across from electrical panels, (attachment K017A) above the whirlpool (attachment K017B), above door 17(attachment K017C), On neighborhood Supervisor office door; were sealed with smoke resistant material.; 2. Other areas could be affected, but were inspected again after Life Safety Survey by Administrator and Maintenance Supervisor or designee when more penetrations were found and they were sealed immediately	10/24/11

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K 017	Continued From page 2 Observation determined the corridor walls were not constructed to resist the passage of smoke. The corridor walls in the one-story existing building have several electrical conduit and pipe penetrations that were not sealed with smoke resistant material.	K 017	3. Monitoring of contractors will continue with follow-up of possible penetrations by Administrator/ Maintenance Supervisor. 4. Report of finding new penetrations and sealing of those penetrations will be reported to safety committee & then to QA for any other follow-up.	
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least two hours connecting four stories or more. (One hour for single story building and sprinklered buildings up to three stories in height.) 18.3.1.1. An atrium may be used in accordance with 8.2.2.3.5. This STANDARD is not met as evidenced by: The facility failed to maintain the one-hour fire resistive rating of the shaft enclosures throughout the new addition. Observation determined sprinkler pipe penetrations in one-hour shafts throughout the new addition were not sealed with fire rated material.	K 020	K020 1.All sprinkler type penetrations in one-hour shafts will be fire sealed by Midwest caulking. 11/04/11 2. There are no other shafts than those already identified. 3. Once known penetrations are sealed, Maintenance Supervisor or designee will monitor for any more contractors on site and will then monitor penetrations. 4. Any noted penetrations and sealing procedures will then be reported to Safety committee and ultimately to QA committee by Maintenance Supervisor	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass	K 025		

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K 025	Continued From page 3 panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: The facility failed to ensure two (2) of two (2) smoke barriers were at least one-hour fire resistant and smoke resistant. Observation determined the smoke barriers in the new addition had holes, gypsum board seams, and electrical conduit and low-voltage wiring penetrations that were not sealed with fire rated material.	K 025	B K025 1.Smoke barriers identified by survey will be sealed with fire rated material by Midwest Caulking 2. Once gypsum board seams are sealed they will be complete. All low voltage penetrations have potential to occur as contractors periodically work in buildings. 3. Any time contractors/vendors work in areas near smoke barriers monitoring will take place to ensure no penetrations unsealed by maintenance supervisor or designee. 4. Any monitoring activity will be submitted to QA Committee for approval.	11/04/11
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8	K 027		

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K 027	Continued From page 4 This STANDARD is not met as evidenced by: The facility failed to ensure doors located in smoke barrier walls resisted the passage of smoke. One (1) of two (2) smoke barrier doors would not self-close into the door frame. Observation determined the main floor smoke barrier cross-corridor doors would not close into the door frame.	K 027	K027 1. Cross corridor doors not self closing into door frame due to air balancing problem. Central Mechanical contractor fixed problem. Doors now auto self-latch. 2 This was new construction issue that has been resolved. There is no other area this would affect.	10/25/11
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure doors to hazardous areas were equipped with self-closing/automatic latching hardware. Observation determined one (1) of six (6) hazardous areas was not equipped with a door	K 029	K029 1.South door to main laundry has been adjusted and does self-close to the latched position. 2. All other doors self-closing doors (hazardous area) in the facility have the potential to move slightly out of position. 3. All doors will be monitored for self-closing latch on a regular basis according to the TELS program of 2 doors per week by maintenance supervisor or designee. 4. Reports will be submitted to Safety committee for review, recommendations and any adjustments to program.	10/21/11

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K 029	Continued From page 5 that would self-close to the latched position. The south door to the Main Laundry Room would not self-close to the latched position.	K 029	1.Northeast sidewalk is cleared of dirt obstruction.(attachment K038)	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Exit discharge from health care occupancies must be maintained. The facility failed to maintain clear and unobstructed exterior sidewalks that led to a public way. Observation determined the northeast sidewalk that serves the two west exits from the new addition was obstructed by a mound of dirt.	K 038	2.There are no other exit areas that have this issue. The sidewalk was covered with dirt by the contractors so they could temporarily drive over the sidewalk without harming the pavement. Construction is complete in this area and landscaping will cover the dirt with grass next spring. 3. The sidewalk will be monitored through the TELS preventative maintenance program throughout the winter season for snow by the maintenance supervisor or designee. 4. Any outlier reports will be sent to the safety committee for recommendation and review. Safety committee is subcommittee of the QA committee.	10/21/11
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is	K 051	K 051 1.The fire alarm system has received a complete annual test. The new building was tested prior to moving in, the total building will be retested to include the existing building. (See attachment K051A) 2. This is a unique factor due to construction. A contract was signed with Fire Protection Systems 4/26/11 when they completed the test on the new building. (attachment K051B)	10/26/11

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K 051	Continued From page 6 remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6 This STANDARD is not met as evidenced by: The fire alarm system must be in compliance with NFPA 72. The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with the manufacturer's specifications. Review of the fire alarm test records indicated the facility failed to document a complete test of all the fire alarm initiating devices and signaling devices during the last year.	K 051	K062 1.a.Sprinkler obstructed by light fixture in Neighborhood supervisor office. Light fixture was moved.. (attachment K062A). b. Annual retest was done to have proof of total facility test (attachment 62B). 2. Light fixture is a temporary fixture during construction phase. No other areas such as this one exist. 3. Previous sprinkler tests were conducted as part of construction process. A Contract was signed with Fire Protection Systems in April (attachment K062C) All required quarterly and annual sprinkler tests will be performed as dictated by regulation 4. Safety committee will receive notification of quarterly/annual tests performed as monitored by Maintenance supervisor or designee.	10/26/11
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 1) Observation determined a sprinkler in the	K 062		

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

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K 062	Continued From page 7 Neighborhood Supervisor Office was obstructed by a surface mounted light fixture. 2) Sprinkler record review determined the facility failed to conduct a complete quarterly or annual test and maintenance of the sprinkler system during the past year.	K 062		
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1) A functional test must be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test must be conducted on every required battery-powered emergency lighting system for not less than 1 1/2-hours. Equipment must be fully operational for the duration of the test. Written records of visual inspection and tests must be kept by the owner for inspection. 7.9.3 The facility failed to assure the emergency lighting battery packs would pass a 90-minute continuous test. Review of documentation determined the battery pack emergency lighting in the two electrical rooms were not being tested. 2) Transfer switches must be subjected to a maintenance program including connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. NFPA 110, Standard for Emergency and Standby Power Systems. Based on record review, the facility failed to	K 130	K130 1. a.Fire dampers were maintained in 2010 within the 4 year time frame regulation in existing old building. Documentation is included (attachmentK130 A). New fire damper test report (attachment K130D) b. For 90 minute test of Emergency Battery Pack test completed, (attachment K130B). 3. Transfer switch documentation is included (K130C). The documentation for the previous transfer switch was destroyed with the old boiler room when the building came down. 2.a.Damper maintenance is part of automated TELS preventative maintenance program to be performed as regulation requires. b. 30 and 90 minute testing of emergency lighting battery packs will be added to the TELS preventative maintenance program. c. Transfer switch maintenance is part of the TELS preventative maintenance program. 3. a.TELS Program will be reprogrammed to accurately reflect each procedure taken for damper maintenance to be performed by	11/20/11 11/20/11

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K 130	Continued From page 8 provide evidence of quarterly checks and maintenance of the emergency generator electrical transfer switch. 3) Records review indicated the facility failed to maintain fire dampers in a reliable operating condition as required by NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. Maintenance of fire dampers is required at installation and at least every 4 years there after. Maintenance of fire dampers includes: (a) Fusible links shall be removed. (b) All dampers shall be operated to verify that they close fully. (c) The latch, if provided, shall be checked. (d) Moving parts shall be lubricated as necessary.	K 130	qualified technician and for transfer switch maintenance according to regulation. Both will be monitored by Maintenance supervisor or designee. 4. Results of any variance or issues with either system will be reported to Safety committee for follow up.	
K 144 SS=C	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: The facility failed to inspect the emergency generator on a weekly basis. Review of generator test records indicated that weekly inspections were not conducted during the last two weeks in May and all of June 2011.	K 144	K144 1.Construction issue: Generator company still had control of generators and did not train staff until June. From that point on generator tests were performed as specified by regulation (Attachment K144A 2.Generator is part of preventative maintenance program and will continue to be performed weekly and monthly by Maintenance supervisor/designee. Yearly inspection will be conducted by Butler Company. Tests have been performed since company turned over the generator and trained staff. (Attachment 144A) 3. TELS preventative maintenance program will monitor and flag Maintenance supervisor/designee to perform tests as required by regulation 4. Safety committee will be notified of any performance issues with the monitors or system.	10/26/11

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K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Electrical wiring throughout a health care occupancy must comply with NFPA 70, National Electrical Code. 1) All electrical splices and taps must be within approved electrical boxes. Unused cable or raceway openings in boxes and conduit bodies must be effectively closed to afford protection substantially equivalent to that of the wall of the box or conduit body. NEC 70, 370-16 The facility failed to ensure electrical wiring and electrical equipment comply with NFPA 70. Observation determined the electrical wiring in the Mechanical Room by the Kitchen was not terminated in covered electrical boxes. 2) All electrical panelboard circuits must be legibly identified as to purpose or use on a circuit directory located on the face or inside of the panel doors. The facility failed to ensure all of the electrical circuits were identified on the face or inside of the panel doors. Observation determined that electrical circuits in electrical panelboards LB1, L2, LCR, HLS, and L1E were not identified on the inside of the panel doors.	K 147	K147 1.A.Exposed electrical wiring was covered with blank plates to comply with NFPA 70. Construction issue: "contractors were working in area. (attachment K147A) B. The panels LB1, L2, LCR, HLS, and L2E were hung in preparation for phase II of construction project. Temporary schedule sheet labels were installed. (Attachment K147B) 2. There are no more panels at the current time. Construction issue there are no more new panels. 3. Maintenance supervisor/designee will monitor panels monthly and any new electrical panels. 4, Report of any aberration will be made to safety committee by Maintenance supervisor.	10/26/11

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