

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

PRINTED: 11/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355063	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING NOV 19 2010	(X3) DATE SURVEY COMPLETED 11/03/2010
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

ST LUKES HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**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 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The facility was located in a one-story building of Type V (000) construction with a partial basement. The building was protected throughout by a wet 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.	K 000	Amended POC to indicate corrections for issues not specified earlier. Item 1) The plan indicates to route the ductwork from the air handler to the louver in the new south wall. To be scheduled by the mechanical contractor. Once that is done a wall is scheduled to be built around it.	12/18/10
130 US=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 section 8.6.2 Temporary Separation Walls. a) Protection must be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls must have at least a 1-hour fire resistance rating. c) Opening protectives must have at least a 45-minute fire protection rating.	K 130	Item 2) The areas where the brick is missing will be furred out with 1 5/8" metal studs and a layer of 5/8" drywall installed. Where the drywall abuts the brick the joint will be fire caulked.	12/18/10

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

TITLE

Amended 11/18/10
Administrator

(X6) DATE

11/12/10

Any deficiency 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 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.

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

PRINTED: 11/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355063	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2010
NAME OF PROVIDER OR SUPPLIER ST LUKES HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 130	Continued From page 1 The facility failed to ensure the protection of existing structures and equipment from exposure fires resulting from construction, alteration, and demolition operations. Observation determined the facility failed to preserve existing life safety systems or provide one-hour fire rated walls between the occupied spaces and: 1) Construction area "A-76" due to unsealed spaces in the exterior of the existing building, non-rated exterior door and frame from the Kitchen and window openings in the east exterior wall of the existing building. 2) The "old Resident Dining Rooms" north of the kitchen. The wall had multiple unsealed spaces, did not extend from the floor to the roof deck and had doors that did not provide a 45-minute fire protection rating.	K 130	K130 The contractor will finish sealing the spaces in A-76; the exterior of the existing building, and the non-rated exterior door and frame from the kitchen and window openings in the east exterior wall of the existing building will either be replaced with rated door and frame or in-filled to complete rating The contractor completed sealing the "old Resident Dining room" area north of the kitchen totally. The Health Department construction inspector will assist in finding any areas throughout the project. The administrator will be available to check with him or will have a designee to check with him and report back on 2 week cycles as he comes to the construction meetings.	12/20/10 11/08/10	

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

PRINTED: 11/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355063		RECEIVED (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING NOV 15 2010		(X3) DATE SURVEY COMPLETED 11/03/2010	
NAME OF PROVIDER OR SUPPLIER ST LUKES HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
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 building of Type V (000) construction with a partial basement. The building was protected throughout by a wet 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.			K 000			
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 section 8.6.2 Temporary Separation Walls. a) Protection must be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls must have at least a 1-hour fire resistance rating. c) Opening protectives must have at least a 45-minute fire protection rating.			K 130			

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

TITLE

(X6) DATE

Administrator

11/12/10

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.

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

PRINTED: 11/04/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355063	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/03/2010
NAME OF PROVIDER OR SUPPLIER ST LUKES HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 130	Continued From page 1 The facility failed to ensure the protection of existing structures and equipment from exposure fires resulting from construction, alteration, and demolition operations. Observation determined the facility failed to preserve existing life safety systems or provide one-hour fire rated walls between the occupied spaces and: 1) Construction area "A-76" due to unsealed spaces in the exterior of the existing building, non-rated exterior door and frame from the Kitchen and window openings in the east exterior wall of the existing building. 2) The "old Resident Dining Rooms" north of the kitchen. The wall had multiple unsealed spaces, did not extend from the floor to the roof deck and had doors that did not provide a 45-minute fire protection rating.	K 130	K130 The contractor will finish sealing the spaces in A-76; the exterior of the existing building, and the non-rated exterior door and frame from the kitchen and window openings in the east exterior wall of the existing building will either be replaced with rated door and frame or in-filled to complete rating The contractor completed sealing the "old Resident Dining room" area north of the kitchen totally. The Health Department construction inspector will assist in finding any areas throughout the project. The administrator will be available to check with him or will have a designee to check with him and report back on 2 week cycles as he comes to the construction meetings.	12/20/10	11/08/10