

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

PRINTED: 10/08/2012
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 02 - MAIN BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 11/29/2011	
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 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}			

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

TITLE

(X8) 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.