

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

PRINTED: 03/20/2018
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 03 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 11/08/2017	
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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The St. Luke's Home 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 fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire resistance rated occupancy barrier provided separation to an apartment building to the northeast.			K 000			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Health care occupancies shall be provided with			K 345	1. Corrective action was accomplished		11/14/17

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

TITLE

(X6) DATE

Electronically Signed

11/14/2017

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 345	Continued From page 1 a fire alarm system in accordance with Section 9.6. 19.3.4.1 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.6.2.4, Figure 14.6.2.4 Section 7.12-7.14 and page 11 The facility failed to test the fire alarm system as required. Review of fire alarm system test records indicated device test results (alarm initiating, supervisory alarm initiating, and notification) did not provide an itemized list with the device type, address, location, and test result as required. Failure to test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected all initiating and notification devices. The fire alarm system serves the entire facility.	K 345	by the contracted company labeling the strobes, horns and pull stations; addressing them in the system; then running an itemized report. 2. There will not be other areas of the facility affected by this citation because the entire building is covered by one contracted service/program. 3. The measure put in to place to ensure that the deficiency will not reoccur is the environmental service director or designee will review report with contracted company prior to signing off yearly report. 4. The facility will monitor that the report is completed in facility quality improvement meetings and correct on a yearly basis as per requirement. 5. Date corrective action is completed was 11/14/2017.		