STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355084	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN SUNSET HOME	333 EASTERN AVE GRAFTON, ND 58237

(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 findings that follow demonstrate non compliance with these standards. The facility was located in a one-story building of Type II (000) construction with no basement. The facility was protected with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An apartment building was located to the south of Lutheran Sunset Home and the buildings were attached at two locations. Two-hour fire barriers separated the apartment building from Lutheran Sunset Home.	K 000	Preparation and submission of this plan does not constitute an admission or agreement by the Lutheran Sunset Home of the truth of the facts alleged and shall not be construed in any administrative or judicial form for the purpose of establishing liability of our facility, it's Board of Directors, administration, employees or representatives. This plan is our allegation of substantial compliance.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: The facility failed to ensure the entire floor area of the Trash Room had proper coverage by the automatic fire sprinkler system. Observation determined the area below the overhead door was not protected by the automatic fire sprinkler system.	K 062	The tractor storage room had a sprinkler device installed and tested on 7-2-2012 which provides coverage below the overhead door. An initial inspection of the facility will be completed by the maintenance supervisor or his/her designee to assure that all areas of the facility that may be impacted by an overhead obstruction are covered by the automatic sprinkler system. After completion of the initial inspection the maintenance supervisor will inspect all new remodeling or construction to assure that all new or remodeled areas are covered by the automatic sprinkler system.	07-03-12
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130	An annunciator panel for the generator's remote alarm system has been ordered. Upon its arrival it will be installed at Nursing Station #1.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rodney Olmeg CEO	CEO	7-10-12

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355084	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	06/26/2012

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LUTHERAN SUNSET HOME	333 EASTERN AVE GRAFTON, ND 58237

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K 130	Continued From page 1 This STANDARD is not met as evidenced by: The facility failed to maintain the emergency power supply system (EPSS) with all required components and provide a remote system alarm at a work site that is readily observable by personnel. NFPA 110, Standard for Emergency and Standby Power Systems. Observation revealed the facility's emergency power supply (EPS) consisted of a generator located indoors and an annunciator panel located in the Maintenance Shop. The Maintenance Shop was not continuously occupied and there was no annunciator panel installed at a location that was readily observed by staff.	K 130	Completion of this installation will provide a remote alarm system for the only generator operated by Lutheran Sunset Home leaving no additional areas to be inspected. Review of the annunciator has been added to the monthly generator checklist to assure operation of the unit is maintained. If any changes in the staffing pattern of Nursing Station #1 occurs or another generator is added within the Lutheran Sunset Home structure, the maintenance supervisor will assure that all components of the generator alarm system are appropriate placed.	08-08-12
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2	K 143	A door has been ordered for the liquid oxygen storage room. Upon its arrival it will be installed providing 1-hour fire-resistive construction. The ceiling light has been removed and the ceiling repaired. This is the only area used for the transfer of liquid oxygen. If additional areas are subsequently added the maintenance supervisor will assure that they meet construction and signage (training) requirements prior to use of the area. Anyone involved in transferring of liquid oxygen will be trained in the requirement to post the area with signage stating "Transfer of Liquid Oxygen is in Process and No Smoking is Permitted in the Area". Training will be completed by the Director of Resident Services on 7-26-2012. This process will be added to the orientation procedure for nurses and maintenance personnel. The Director of Resident Services or her/his designee will conduct weekly quality assurance studies to assure signage is in place. After 100% compliance is met periodic studies	

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K 143	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the transferring of liquid oxygen location met NFPA 99, Standard for Health Care Facilities. Observation determined: 1) The liquid oxygen transferring room was not separated from any portion of the facility wherein residents are housed, examined, or treated by a fire barrier of 1-hour fire-resistive construction; the door was not a 45-minute labeled fire door assembly and the ceiling light fixture was not 1-hour fire-resistive. 2) The area where transfilling was conducted was not identified with a sign stating transferring was occuring.	K 143	will be completed to assure compliance is maintained.	08-08-12