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 _____	**07/15/2015**

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 noncompliance 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 resistant barriers separated the apartment building from Lutheran Sunset Home.	K 000		
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to ensure doors to hazardous	K 029	Preparation and submission of this plan	8/29/15

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

Electronically Signed | 07/27/2015

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 029	Continued From page 1 areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined: 1) The door to the Storage Room across from Resident Room 29 on Station 2 did not have self-closing hardware. 2) The door to the Storage Room across from Resident Room 58 on Station 3 did not have self-closing hardware. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous hazardous areas in the facility.	K 029	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. Hardware has been ordered for these doors. The hardware will be installed upon receipt of the hardware. All doors leading to hazardous areas have been checked by the maintenance supervisor to assure they are equipped with self-closing hardware and automatic latching. The maintenance supervisor will complete quality assurance (QA) reviews of all areas in the facility that house hazardous areas yearly and/or when said areas undergo physical changes due to repairs, remodeling or new construction. The QA review will include examination of the hardware to assure compliance.	
K 038	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. 19.2.1 This STANDARD is not met as evidenced by:	K 038		8/29/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 038	Continued From page 2 The facility failed to ensure exit access was readily accessible at all times. During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Boiler Room. 2) The corridor door to the Oxygen Storage Room on Station 3. 3) The corridor door to the Storage Room next to Resident Room 76 on Station 3. This deficiency affected three (3) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access was readily available at all times increases the risk of death or injury due to fire.	K 038	The doors to the Boiler Room, the Oxygen Storage room, and the Storage Room have had hardware removed that prevented them from fully opening. All doors that swing into a means of egress corridor while opening have been observed during operation by the maintenance supervisor or his/her designee to assure they do not project more than 7 inches from the wall when fully opened. Structural modifications or hardware changes will be made to assure the door(s) is/are in compliance. The maintenance supervisor will complete quality assurance (QA) reviews of all doors opening into an egress corridor to assure all doors opening into the corridor are in compliance. QA studies will be completed yearly and/or if the area/door would undergo physical changes due to repairs, remodeling or new construction.	