

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

PRINTED: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016	
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 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 038 SS=F	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: The facility failed to ensure exit access was readily accessible at all times. 1) Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Delayed-egress locks shall be permitted, provided that not more than one such device is located in any egress path. Delayed-egress doors locked in the means of egress must display on the door adjacent to the releasing device visible signage in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a			K 038	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, its Board of Directors, administration, employees or representatives. This plan is our allegation of substantial compliance. Signs were made by maintenance that		8/19/16

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

TITLE

(X6) DATE

Electronically Signed

08/05/2016

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: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 038	Continued From page 1 contrasting background that reads the following: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS 19.2.2.2.4(2), 7.2.1.6.1(d) Observation determined all delayed-egress doors in the facility lacked visible signage on the door. 2) Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 3 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2 Observation determined: a) A fixed heater that was located in the corridor by Resident Room 10 extended approximately seven (7) inches from the corridor wall and protruded into the exit corridor. b) A fixed heater that was located in the corridor by Resident Room 28 extended approximately nine (9) inches from the corridor wall and protruded into the exit corridor. c) A water fountain that was located in the corridor by Station 2 Tub Room extended approximately eighteen (18) inches from the corridor wall and protruded into the exit corridor. The corridor was eight (8) feet wide at all three locations.	K 038	read 'PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS' in letters 1 inch high with contrasting background. This will be attached to all delayed-egress doors displayed in the window. Maintenance will check to make sure the signs are in place weekly during their door alarm checks. This will be completed by the Maintenance Director by August 10, 2016 The fixed heater by resident room #10 will be totally removed by a contracted plumber by August 19th, 2016. The Maintenance Director will QA means of egress throughout the facility to make sure there are no obstructions quarterly for 1 year. The fixed heater by resident room #28 will be totally removed by a contracted plumber by August 19th, 2016. The Maintenance Director will QA means of egress throughout the facility to make sure there are no obstructions quarterly for 1 year. The water fountain in the corridor by Station 2 Tub Room will be totally removed by a contracted plumber by August 19th, 2016. The Maintenance Director will QA means of egress throughout the facility to make sure there are no obstructions quarterly for 1 year.		

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

PRINTED: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 038	Continued From page 2	K 038			
K 052 SS=F	Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from five (5) of five (5) smoke compartments in the facility. NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: System defects and malfunctions shall be corrected. NFPA 72 7-1.1.2 The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72, National Fire Alarm Code. Observation determined the fire alarm panel was indicating a trouble condition for Phone Line 1 that had failed and had not been repaired or replaced at the time of the survey. Failure to maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. The deficiency affected one (1) of two (2) fire alarm system phone lines in the facility.	K 052	Facility had one of the two phone lines that operate their fire alarm system fixed by our phone company field technician and operational by July 26th, 2016. Maintenance will enact the fire watch for fire alarm system down time when we have only 1 fire alarm line operational. Maintenance will follow fire watch procedure policy per facility policies. Training will be provided by Maintenance Director on the Fire Watch Policy to affected staff by August 12th, 2016. This training on Fire Watch will be complete on a yearly basis.	8/12/16	

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

PRINTED: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 052	Continued From page 3	K 052			
K 054 SS=F	The phone lines are components of the complete fire alarm system, which serves the entire facility. NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Smoke detectors must not be located in a direct airflow nor closer than 3 ft. (1 m) from an air supply diffuser or return air opening. 19.3.4.5.1, 9.6.2.10.1, NFPA 72 2-3.5.1 The facility failed to ensure the smoke detection system was in compliance with NFPA 72, National Fire Alarm Code. Observation determined that seven (7) smoke detectors located throughout the facility were installed within three feet of air supply diffusers or return air openings. Failure to install the smoke detection system as required increases the risk of death or injury due to fire. This deficiency affected seven (7) of numerous smoke detectors in the facility.	K 054	Maintenance Director will have contracted electrician move the (7) smoke detectors that are within 3 feet from air supply diffusers and return air openings to over 3 feet away. Maintenance Director will QA facility to check all smoke detectors to make sure they are all 3 feet from air supply diffusers and return air openings. This will be completed by August 26, 2016.	8/26/16	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I	K 056		8/19/16	

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

PRINTED: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 056	Continued From page 4 and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Buildings containing health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 19.3.5.1 The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Observation determined the Station 2 Tub Room lacked sprinkler coverage in the shower area. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous areas in the facility.	K 056	Simplex installed sprinkler head in the Station 2 Tub Room on July 26th, 2016. Maintenance Director will QA sprinkler heads in all facility closets and bathrooms by August 19th, 2016 and then yearly.		
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: The facility failed to provide emergency procedures for when the automatic sprinkler	K 154	Policy was written for fire watch for when automatic sprinkler system is down for	8/12/16	

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

PRINTED: 09/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355084	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER LUTHERAN SUNSET HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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 154	Continued From page 5 system is out of service for more than 4 hours in a 24-hour period. 9.7.6.1 Review of records did not indicate the facility had a written Fire Watch and Notification policy for the automatic sprinkler system. Failure to provide emergency procedures for when the automatic sprinkler system is out of service for more than 4 hours increases the risk of injury and death due to fire. The deficiency affected one (1) of one (1) automatic sprinkler system, which serves the entire facility.	K 154	more than 4 hours in a 24-hour period. Maintenance Director will perform education on new policy for fire watch with the automatic sprinkler system. This will be completed by August 12th, 2016 and will be in yearly education after that.		