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

PRINTED: 08/13/2014
FORM APPROVED
OMB NO. 0938-0391

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	08/07/2014

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 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 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be	K 056	SimplexGrinnell will install a sprinkler head in the Social Service closet that will assure adequate sprinkler coverage. The sprinkler head in the administrative suite corridor will be moved to prevent obstruction of coverage. Maintenance will remove the divider and top shelf in Station #2 North closets so that the sprinklers will have the proper coverage. The Maintenance supervisor or his/her designee will assess all closets (resident and/or storage) monthly to assure nothing impedes the sprinkler from providing coverage to the area. After 100% compliance is obtained maintenance will complete the review yearly and with any structural changes to assure continued compliance. The Maintenance supervisor or his/her designee will assess all office suites monthly to assure nothing impedes the sprinkler from providing coverage to the area. After 100% compliance is obtained maintenance will complete the review yearly and with any structural changes to assure continued compliance.	9-21-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 8/22/14

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.

Received 9-15-14

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K 056	Continued From page 1 installed in accordance with NFPA 13. The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined: 1) The closet in Station #1 Social Services Office lacked sprinkler coverage. There was no sprinkler in this closet. 2) The coverage for the sprinkler located in the administrative suite corridor was partially obstructed by the wall cabinets. 3) Sprinklers in Station #2 North were not installed to provide complete coverage in the closets. The closets had dividers. Sprinklers were observed to be installed on both sides of the dividers, or on one side only of the dividers, or adjacent to the divider by the sliding doors. Failure to install the automatic sprinkler system in accordance with NFPA 13 for all portions of the building increases the risk of injury and death due to fire. The deficiency affected the entire facility.	K 056		
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	K 062	Two intermediate temperature classified sprinkler heads were ordered from SimplexGrinnell and delivered to Lutheran Sunset Home August 17, 2014. The Maintenance supervisor or his/her designee will monitor spare sprinkler supplies monthly. After 100% compliance is obtained the maintenance supervisor or his/her designee will monitor spare sprinkler supplies every three months to ensure we have the proper spare sprinklers.	8-22-14

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in reliable operating condition. Observation determined a supply of at least two spare sprinklers for each type of sprinkler used in the facility was not available in the spare sprinkler cabinet. There were no sprinklers of intermediate temperature classification in the spare sprinkler cabinet. Intermediate temperature sprinklers were observed in the Laundry and Boiler Room. Failure to provide at least two spare sprinklers of each type used in the facility increases the risk of injury or death due to fire. This deficiency affected two (2) of two (2) hazardous areas requiring intermediate temperature rated sprinklers.	K 062		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Flexible cords must not run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. NFPA 70, National Electrical Code, Section 400-8. Observation determined the facility failed to ensure flexible cords did not extend through walls. The power cord for the blanket warmer located in the Station #1 Clean Utility Room	K 147	An electrician will install a new electrical outlet in the station #1 clean utility room to supply power for the blanket warmer. The penetration in the wall of the janitor's closet will be sealed with fire rated material after the electrical cords have been removed. The maintenance supervisor or his/her designee shall observe the installation of facility electrical equipment to assure 100% compliance one time. The maintenance supervisor or his/her designee shall monitor the future installation and/or relocation of facility electrical equipment to assure continued compliance.	9-21-14

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K 147	Continued From page 3 penetrated the wall of the Janitor Closet and was plugged into the south wall receptacle. Failure to ensure the electrical wiring complies with NFPA 70 for all portions of the building increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous rooms in the facility.	K 147		