

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

PRINTED: 01/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/05/2012
NAME OF PROVIDER OR SUPPLIER ST GERARD'S COMMUNITY OF CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 613 1ST AVE SW HANKINSON, ND 58041		
(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 42 CFR 483.70(a). This facility was located in a two-story building with a penthouse. The upper floor housed the nursing facility and the main floor was the kitchen and administration. The building was Type I (332) construction. The nursing facility was separated from the kitchen/administrative floor by two-hour fire resistance rated construction and was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An independent living center was attached to the south side of the nursing facility and was separated by a wall with a two-hour fire resistance rating. This was a one-story building which was separated from the basement with a floor/ceiling assembly having a fire resistance rating of two hours. The main floor had apartments, activity room and dining room. The basement housed mechanical rooms and storage rooms. The building's main level was Type III (211) construction and was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Nursing facility residents use the living center Dining Room and Activity Room and the corridor that serves these areas, which was separated from the rest of the independent living building by an occupancy separation wall of two-hour fire resistance rating.	K 000			

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

TITLE

(X6) DATE

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 000	Continued From page 1 Note: At the conclusion of the 06/05/12 Life Safety Code survey, it was determined the facility was in compliance with the provisions of NFPA 101, Life Safety Code.	K 000			