

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

PRINTED: 10/05/2009
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2009
NAME OF PROVIDER OR SUPPLIER ST GERARDS COMMUNITY NURSING HOME			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	
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 09/28/09 and completed on 09/30/09 the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review.	F 000			
F 454 SS=D	483.70 PHYSICAL ENVIRONMENT The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to comply with Life Safety Code requirement NFPA 99 for Health Care Facilities to protect the health and safety of residents, personnel, and the public, regarding oxygen storage in 1 of 1 oxygen storage area. Findings include: Life Safety Code requirements state, "Nonflammable medical gas systems and equipment used for the administration of inhalation therapy and for resuscitative purposes comply with National Fire Protection Association (NFPA) 99, 13-5.1, 7-1.2, NFPA 70." Standard for Storage, Use, and Handling of Compressed Gases and Cryogenic Fluids in Portable and Stationary Containers, Cylinders, and Tanks, NFPA 55, 7.1.4.4 state, "Securing Compressed Gas Containers, Cylinders and Tanks. Compressed gas containers, cylinders, and tanks in use or in storage shall be secured to prevent them from falling or being knocked over	F 454	Nursing Department meeting to be held 10-21-09 conducted by Director of Nursing will address acceptable Standards for Storage use and handling of portable oxygen tanks. Education will stress that all compressed gas containers, tanks, etc. must be secured to prevent them from falling or being knocked over. Education will also stress that portable oxygen tanks not in in use must be stored in carrier or oxygen storage rack in medication storage room. Monitoring performance to ensure solutions are perma- nent will be done monthly starting October, 2009, + through the newly devel- oped Maintenance indicator labeled "Oxygen Storage cylinders and portable oxygen tanks are chained or secured in rack in both oxygen storage closet and	10-31-09 <i>will be done by maintenance supervisor Per Telephone call on 10-20-09 at 10:30am E Jill Footish Dob. 10/15/09</i>	

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

TITLE

(X6) DATE

Karen Lobert

Administrator

10-15-09

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: 10/05/2009
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2009
NAME OF PROVIDER OR SUPPLIER ST GERARDS COMMUNITY NURSING HOME			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	
F 454	Continued From page 1 by corralling them and securing them to a cart, framework, or fixed object by use of a restraint, unless otherwise permitted by 7.1.4.4.1 and 7.1.4.4.2.7." During a tour of the medication storage room on 09/30/09 at 12:40 p.m. with an administrative nursing staff member (#1), observation showed one cylinder oxygen tank unsecured. Observation showed all other tanks secured in a carrier or oxygen storage cart. During an interview on 09/30/09 at 1:15 p.m., an administrative staff member agreed all oxygen tanks should be secured.	F 454	in pharmacy room". Problems or concerns will be documented on QA report and brought to QA committee. By ensuring that nursing department staff have adequate knowledge and follow acceptable standards for storage, use and handling of compressed gases, we are able to ensure resident safety and avoid potential harm to all residents and staff.		