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

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FORM APPROVED
OMB NO. 0938-0391

RECEIVED
FEB 22 2012
DIVISION OF LIFE SAFETY AND CONSTRUCTION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355116 | A. BUILDING 01 - MAIN BUILDING 01<br>B. WING | 02/06/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKSIDE LUTHERAN HOME | 501 3RD AVE W<br>LISBON, ND 58054 |

| (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<br><br>The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care and Chapter 19 Existing Health Care Occupancies was used for this survey in compliance with 42CFR 483.70(a). The findings that follow demonstrate non-compliance with these standards.<br><br>The facility was located in a one-story building of Type V (111) construction and protected with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A two-hour fire rated barrier separates a non-sprinklered garage attached to the south side of the facility.<br><br>Chapter 18 New Health Care Occupancies was used for the survey of the new addition (Meadow Lark Lane and Homestead Acres resident wings). | K 000 | | |
| K 050<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2<br><br>This STANDARD is not met as evidenced by:<br>The facility failed to conduct quarterly fire drills on each shift. | K 050 | K 050<br><br>Night shift fire drills were held on 9/22/2011 and 12/14/2011. On 2/7/2012 the Director of Maintenance was inserviced as to the required fire drills and proper documentation of said drills. All residents have the potential to be affected should the facility fail to properly practice fire drills or any other drills and/ or inspections as required. A calendar of scheduled maintenance, inspections and drills was updated to include fire drills, thus queing the Director of Maintenance requirements and deadlines. The Director of Maintenance will report times of fire drills for the previous quarter at the quarterly QA committee meeting. | 2/15/12 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 2/20/2012

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 050 | Continued From page 1<br>Review of the facility's fire drill records determined the lack of documentation of a 3rd shift fire drill in the second quarter of 2011. | K 050 | | |