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 B. WING	02/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE LUTHERAN HOME	501 3RD AVE W 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 The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care Occupancies and Chapter 19 Existing Health Care Occupancies were used for this survey 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 V (111) construction 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 separated a non-sprinklered garage attached to the south side of the facility. 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 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: The facility failed to ensure the occupancy separation wall between the garage and the nursing facility had a two-hour fire resistance rating.	K 011	K 011 The wall between the garage and the nursing facility was repaired on 3/3/2014. This is the only two hour separation, thus the only 2 hour separation to have the potential of being affected by this deficient practice. The remainder of the wall was inspected and found to be intact, and free of damage. The Director of Maintenance or designee will inspect the wall monthly to ensure that the wall is free of damage. Results of the inspections will be reported by the Director of Maintenance at the quarterly QA meeting.	3/3/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	3/6/14

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.

emailed 3-11-14

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K 011	Continued From page 1 Observation determined the occupancy separation wall was damaged inside the garage on both sides of the 90-minute fire rated door.	K 011	K 025 The Smoke barrier wall adjacent to the Kitchen / Social Services office will be repaired by 3/21/14. All smoke barrier walls have the potential to be effected should the facility fail to ensure the walls remain intact and resistant to the passage of smoke. All smoke barrier walls were inspected and were found to be sealed and resistant to smoke. The Director of Maintenance or designee will randomly choose 3 walls per quarter to inspect and ensure they are sealed and resistant to the passage of smoke. Results of the inspections will be reported to the QA committee by the Director of Maintenance.	3/21/14
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: The facility failed to ensure one (1) of four (4) smoke barriers was at least one-hour fire resistant and smoke resistant. Observation determined unsealed spaces around a flexible conduit penetration through the smoke barrier adjacent to the Kitchen/Social Services Office. The smoke barrier wall was incomplete in the area adjacent to and below the flexible electrical conduit on the east side of the wall above the suspended ceiling.	K 025		
K 051 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide	K 051		

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K 051	Continued From page 2 effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: The fire alarm system must be in compliance with NFPA 72. The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with the manufacturer's specifications. NFPA 72, 7-1.1.1. Records review determined the fire alarm system had a functional test completed on 7/2/13. The prior test date was 5/29/12. This time frame between tests exceeded twelve months.	K 051	K 051 The fire alarm system was tested outside the permitted time frame. The contractor was notified of the non compliance issue on 2/28/2014. A test of the fire panel is scheduled to occur prior to 5/29/2014. The facility Administrator will be contacting the contractor by April 25th to ensure the required testing is scheduled and completed prior to 5/29/14. Any variance from the schedule will be reported by the Administrator at the quarterly QA committee meeting.	2/28/14 5/29/14
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those	K 054		

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K 054	Continued From page 3 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: Visual inspection, testing and maintenance frequencies for smoke detection systems are dictated by the prescriptive requirements of NFPA 72, National Fire Alarm Code (Chapter 10-Inspection, Testing and Maintenance Tables 10.3.1, 10.4.2.2 and 10.4.3). This code identifies specific inspection, testing and maintenance frequencies and methods. The facility failed to provide adequate documentation that the automatic smoke detector system was tested since 5/29/12. Records review determined the smoke detection system had a functional and sensitivity test completed on 7/2/13. The prior test date was 5/29/12. 1) The time frame between tests exceeded twelve months. 2) The 7/2/13 smoke detector sensitivity test report failed to indicate current test results.	K 054	K 054 The sensitivity testing is scheduled to occur on or before 5/29/14. This will be in compliance with NFPA 72 as there was a complete test with test values completed on 5/29/12. This test will be completed in conjunction with correction for K051. The facility Administrator will be contacting the contractor by April 25th to ensure the required testing is scheduled and completed prior to 5/29/14. Any variance from the schedule will be reported by the Administrator at the quarterly QA committee meeting.	2/28/14 5/29/14
K 062 SS=F	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	K 062 The facility maintenance staff were instructed by an outside contractor on how to properly perform the no flow testing of the automatic sprinkler pump on 3/5/2014. A checklist was developed to log the information from the weekly tests. The Director of Maintenance or designee will perform the tests weekly. A Summary of said tests will be presented by the director of Maintenance at the quarterly QA meeting.	3/5/14

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K 062	Continued From page 4 This STANDARD is not met as evidenced by: A weekly test of electric motor-driven pump assemblies must be conducted without flowing water. This test must be conducted by starting the pump automatically. The pump must run a minimum of 10 minutes. NFPA 25, 5-3.2.1. The facility failed to ensure the vertical-shaft electrically powered fire pump was inspected and tested in accordance with NFPA 25, (1998 edition) Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Records review determined the facility had no documentation of weekly no flow testing of the automatic sprinkler system's electric fire pump during the past twelve (12) months.	K 062	K144 The battery from the 2009 generator was changed to a non-maintenance free battery allowing the testing of specific gravity in the battery cells on 4/28/14. Both generators have the potential to be affected should the facility fail to ensure the batteries are tested in accordance with NFPA 110. A Checklist was developed for the Director of Maintenance or designee to record the weekly test results of the batteries specific gravity. A summary of the checklists will be presented by the director of maintenance at the facility quarterly QA meeting.	4/28/14
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Maintenance of emergency generator batteries must include checking and recording the value of the specific gravity. NFPA 110 Standard for	K 144		

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K 144	Continued From page 5 Emergency and Standby Power Systems, Section A-6-3.6. The facility failed to ensure the emergency generator was in compliance with NFPA 110. Observation determined the generator installed in 2009 was equipped with a maintenance free battery. The specific gravity of the battery was not documented in the past twelve (12) months.	K 144		
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 and cables must not be used as a substitute for fixed wiring of a structure. NFPA 70, National Electrical Code, 400-8 The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined: 1) A flexible cord (extension cord) was in use as a substitute for fixed wiring in Resident Room #19 to provide electricity to a lamp. 2) The grounding pin was removed on the electrical cord to a hair dryer located adjacent to the north wall in the Beauty Shop.	K 147	K 147 The extension cord was removed from resident room #19 on 2/19/2014. All residents rooms have the potential to be affected should the facility fail to ensure extension cords are used in place of fixed wiring. All resident rooms were inspected on 2/20/2014 and found to be free of any noncompliant wiring. A new cord with a grounding pin was installed on the hair dryer on 2/21/2014. All three prong equipment has the potential to be affected should the facility fail to ensure that ground pins are not removed. All plug in equipment was inspected and those found to be noncompliant were repaired on 2/25/2014. The Director of Maintenance or designee will randomly select and inspect three plug in devices per month to ensure they are compliant. Results of the inspections will be reported by the Director Maintenance at the facility quarterly QA meeting	2/25/14