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 _____	03/04/2010

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 and Chapter 19 Existing Health Care Occupancies was used for this survey in compliance with 42CFR 483.70(a). The facility was located in a one-story building of Type V (111) construction that is 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 that is attached to the south side of the facility. The 2000 edition of NFPA 101, Life Safety Code, Chapter 18 New Health Care was used for the survey of Resident Wings Meadow Lark Lane and Homestead Acres.	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to ensure the construction type of the Homestead Acres and Meadow Lark Lane residential living wings meets the required building construction in Chapter 18. Observation determined the one-hour fire rated walls and ceilings had multiple unsealed spaces due to: 1) Incomplete construction of the head-of-wall in	K 012	K 012 The incomplete construction of the head of wall on all walls in Meadow Lark Lane and Homestead Acres will be repaired by an outside contractor no later than 4/9/2010. Unsealed spaces around through wall conduit penetrations, sprinkler pipe penetrations, pipe penetrations, and duct work, were sealed with intumescent caulking on 3/25/2010 the fire rated ceiling by anchors will be repaired by an outside contractor by 4/9/2010. The flexible dryer vent was removed and a hard continuous duct was installed and the space around that duct was sealed with intumescent caulking. The damaged gypsum board around the beam in Meadow Lark Lane will be removed and replaced by an outside contractor by 4/9/2010. All fire rated walls have the potential to be noncompliant should the facility fail to ensure that penetrations are sealed and damaged gypsum board is replaced. The Director of Maintenance and the Administrator inspected all one hour rated walls and ceilings to ensure	4/9/10

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3/29/2010

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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K 012	Continued From page 1 numerous areas. 2) Unsealed spaces around through-wall conduit penetrations. 3) Unsealed spaces around through-wall sprinkler pipe penetrations. 4) Unsealed spaces around through-wall pipe penetrations. 5) Unsealed spaces around through-wall duct penetrations. 6) Unsealed spaces in the one-hour fire rated ceiling by anchors for suspended ceiling grids. 7) Unsealed spaces around a flexible dryer vent pipe into a one-hour fire rated wall. 8) The gypsum board wrapped around the structural support beam in Meadow Lark Lane was damaged by water.	K 012	proper protection. To prevent future noncompliance of fire rated walls and ceilings the Director of Maintenance will inspect 10 rooms quarterly to ensure there are no new penetrations and the head of wall remains intact. The Director of Maintenance will report results of these inspections to the QA committee at their quarterly meeting.	
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2	K 015	K015 The fire rating for the folding partition in the chapel was obtained from the manufacturer and it documents a class A fire rating. The Director of Maintenance shall keep a copy of this information on file for future reference.	3/22/10

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K 015	Continued From page 2 This STANDARD is not met as evidenced by: The facility failed to ensure movable walls had a Class A or Class B rating. 18.3.3.1 and 18.3.3.2. Records review showed no documentation of a Class A or Class B interior wall finish rating for one (1) folding wall partition in the Chapel.	K 015	K017 By 4/9/2010 an outside contractor will install an electrically supervised smoke detector in the living area of Homestead Acres. All open areas to the corridor have the potential to be noncompliant should the facility fail to ensure proper detection equipment is installed and maintained. All other areas open to the corridor were inspected and determined to be compliant. Operation of these devices is monitored by an outside contractor as required.	4/9/10
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: The facility failed to ensure areas open to the corridor had electrically supervised smoke detectors. 18.3.6.1 Observation determined the Homestead Acres Living Room was open to the corridor. The area was not protected by an electrically supervised automatic smoke detection system.	K 017		

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K 025 SS=F	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 three (3) of four (4) smoke barriers were at least one-half hour fire resistant and smoke resistant. Observation determined: 1) Unsealed openings in the smoke barrier wall between the main corridor and Cozy Cottage. The unsealed space was located west of the west smoke door leaf. 2) The north side of the smoke barrier wall in the Chart Room had incomplete construction of the head-of-wall and had unsealed spaces around three (3) through-wall conduits. 3) Multiple unsealed spaces around through-wall pipe, conduit and cable penetrations in the north/south main corridor smoke barrier wall and incomplete construction of the head-of-wall. 4) Unsealed openings around a flexible conduit	K 025	K025 The unsealed opening in the smoke barrier wall in Cozy Cottage was sealed on 3/25/2010. The head of wall in the chart room will be repaired on 3/29/2010. The North/ South main corridor smoke barrier wall will be repaired by an outside contractor by 4/9/2010, sealing all penetrations and completing the head of wall construction. The opening around the flexible conduit above the soffit in the existing dining room was sealed on 3/25/2010. All smoke barrier walls have the potential to become noncompliant should the facility fail to ensure penetrations remain sealed and head of wall construction remains in place. The Director of Maintenance or designee will inspect smoke barrier walls as part of their monthly inspection. Should penetrations be found unsealed or head of wall construction not complete, they will be immediately repaired and reported to the QA committee quarterly.	3/29/10

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K 025	Continued From page 4 in the south smoke barrier wall above the soffit in the Dining Room of the existing building.	K 025		
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: The facility failed to ensure doors in openings in smoke barriers were self-closing or automatic closing in accordance with 18.2.2.2.6. Observation determined one (1) of four (4) smoke barrier doors did not self-close. The doors in the smoke barrier between Meadow Lark Lane and Homestead Acres closed to a point where a gap of approximately one foot existed between the doors.	K 027	K027 The smoke barrier doors between Meadow Lark Lane and Homestead Acres will be repaired by an outside contractor by 4/9/2010, so they close properly. All other smoke barrier doors were inspected to determine proper operation. The Director of Maintenance will check the operation of the smoke barrier doors monthly. Results of the inspections will be reported to the QA committee quarterly by the Director of Maintenance.	4/9/10
K 028 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers provide a minimum clear width of 32 inches (81cm) for swinging or horizontal doors. Vision panels are of fire-rated glazing or wired glass panels and steel frames. 19.3.7.5, 19.3.7.7	K 028	K028 The installation fact sheet of the vision panels was received from the contractor showing there is a proper frame installed beneath the wood "trim" frame. The Director of Maintenance will keep this documentation on file for future reference.	3/26/10

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K 028	Continued From page 5 This STANDARD is not met as evidenced by: Observation determined the facility failed to ensure vision panels in smoke barrier doors were of fire-rated glazing or wired glass panels and steel frames. The pair of smoke barrier doors in the main corridor north/south smoke barrier had vision panels installed in wood frames.	K 028	K029 The space around the sprinkler pipe in the linen storage room of Meadow Lark Lane was sealed with intumescent caulking on 3/25/2010. All hazardous areas have the potential to be affected should the facility fail to ensure penetrations of walls are not properly sealed; all other hazardous areas were inspected and repaired to ensure compliance. The Director of Maintenance or designee will be responsible to ensure hazardous area walls remain intact and properly sealed by completing quarterly inspections as described in K-025.	3/25/10
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: The facility failed to separate hazardous areas from other spaces with smoke resistive partitions and doors. 18.3.2.1 Observation determined the gypsum board enclosure around the Meadow Park Lane Soiled Linen Storage Room had unsealed spaces around a sprinkler pipe that negated the smoke resistance of the walls.	K 029		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 045		

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K 045	Continued From page 6 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: The facility failed to ensure the illumination of means of egress, including exit discharge, was arranged so that failure of a single lighting fixture (bulb) would not leave the area in darkness. Observation determined no exterior lights were installed outside the Cozy Corner north exit discharge.	K 045	K045 There will be a two bulb light fixture installed at the north exit of Cozy Cottage by an outside contractor by 4/9/2010. All exterior lighting has the potential be become non-compliant should the facility fail to ensure proper operation of discharge lighting. Operation of the lights will be checked by the Director of Maintenance or designee monthly. Results of the monthly checks will be reported to the QA committee quarterly by the Director of Maintenance.	4/9/10
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit and directional signs were displayed in accordance with section 7.10. 18.2.10.1. Observation determined: 1) No exit directional sign was installed at the south end of the Homestead Acres corridor to indicate direction of exit travel to an exit.	K 047	K047 Exit and directional signs will be installed by an outside contractor by 4/9/2010, at the following locations: The south end of Meadowlark Lane, the north end of Meadowlark Lane. The operation of all exit signs is checked monthly by the Director of Maintenance or designee. Any signs not found to be working properly will be repaired immediately and reported to the QA committee quarterly.	4/9/10

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K 047	Continued From page 7 2) No exit directional sign was installed at the south end of the Meadow Park Lane corridor to indicate direction of exit travel to an exit. 3) No exit directional sign was installed at the north end of the link to Meadow Park Lane.	K 047	K056 The sprinkler system was extended to provide coverage in the wood constructed soffits in the dayroom and in the front lobby area. All other soffits were inspected and found to be of steel construction. Operation of the facility sprinkler system is checked annually as required by NFPA. The ceiling grid in the Dietary storage room was installed on 3/6/2010, and ceiling tiles were installed at that time. To ensure future compliance all outside contractors will be required to sign a form stating that walls and ceiling tiles are returned to original condition. Verification of this will be checked by the Director of Maintenance. Any contractors found to be noncompliant will be reported to the QA committee.	3/26/10
K 056 SS=E	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: 1) The facility failed to ensure the automatic sprinkler system was installed to provide complete coverage for all portions of the building. NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition. 5-13.1. Observation determined: a) Concealed soffit spaces in the Lobby had concealed combustible wood construction that was not protected by sprinklers. b) Concealed soffit spaces in the Day Room and	K 056		

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K 056	Continued From page 8 adjacent corridor had concealed combustible wood construction that was not protected by sprinklers. 2) The facility failed to ensure the proper position of ceilings in areas protected by the automatic fire sprinkler system. (Heat from a fire stratifies to the ceiling and travels along the ceiling to activate the sprinkler. When ceilings are removed, it delays the activation of the automatic fire sprinkler system.) 5.6.4.1.1. Observation determined the incomplete installation of the suspended ceiling grid and tiles in the Dietary Storage Room affected the activation of the sprinkler system.	K 056	K062 The corroded sprinkler head in the walk-in cooler was replaced; the sprinkler head in room #59 was cleaned as well as the sprinkler head in closet #108. All other sprinkler heads were inspected and one additional sprinkler head was found to be corroded and was replaced. All sprinklers have the potential to become corroded and noncompliant should the facility fail to inspect them regularly. The Director of Maintenance or designee will inspect the sprinklers in humid areas quarterly. Results of these inspections will be reported by the Director of Maintenance at the quarterly QA committee meeting.	3/26/10
K 062 SS=E	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 This STANDARD is not met as evidenced by: The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. Observation determined: 1) One (1) of two (2) sprinklers in the kitchen walk-in cooler was corroded and may not operate at the designed temperature.	K 062		

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K 062	Continued From page 9 2) Gypsum board taping mud on a sprinkler in Resident Room #59. 3) Gypsum board taping mud on a sprinkler in Closet #108.	K 062		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Egress corridors must not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. Air transfer openings are not permitted in walls separating egress corridors from adjoining areas. The facility failed to prevent the corridor being used as a portion of the return air system. The return air system for the existing building central heating and cooling system is through the concealed space above the suspended ceiling of the egress corridors in the Copy Room, Large Group Activity/Chapel, Lounge, and the Medical Records Storage Room. Corridor walls have return air ductless penetrations that extend into a wild air return concealed space above the suspended ceiling. The exit corridor suspended ceiling design is not smoke resistive due to transfer grills in the ceiling	K 067	K067 The open air returns in the corridors will have ducted air returns installed by an outside contractor prior to 4/9/2010. The Director of Maintenance will inspect all future outside contractor work to ensure that air returns are ducted returns so as to comply with NFPA 101.	4/9/10

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K 067	Continued From page 10 in the existing building Lobby and Day Room.	K 067		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: The facility failed to ensure cooking facilities were protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Observation determined a wet NFPA 13 sprinkler was installed over the commercial cooking equipment in addition to the UL 300 system. The presence of a wet NFPA 13 blue-colored high temperature rated sprinkler installed over the commercial cooking equipment is incompatible with and does not meet the requirements of a UL 300 Fire Extinguishing System.	K 069	K069 The incompatible sprinkler head in the commercial cooling equipment was removed and will not interfere with the UL 300 fire extinguishing system. Function of the UL 300 fire extinguishing system is tested semi-annually by an outside contractor. Any issues found during this testing will be reported to the QA committee by the Director of Maintenance.	3/29/10