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 _____	03/22/2011

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 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	K 017	K 017 The Coffee Shop, Fireplace Lobby, and the Corridor adjacent to the aviary will have electrically supervised automatic smoke detectors installed by an outside contractor on or before 4/8/2011. 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.	4/8/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	4/4/11

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 017	Continued From page 1 This STANDARD is not met as evidenced by: When applying exception No. 1 to 18.3.6.1 for areas open to the corridor of unlimited size, the space must be protected by an electrically supervised automatic smoke detection system when the space is not in direct supervision of the facility staff from a nurses station or similar space. The facility failed to ensure areas that were open to the corridor and the corridors were electrically supervised with an automatic smoke detection system or in direct supervision of a nurses station. Observation determined: 1) The Coffee Shop and the Fire Place Lobby were open to the corridor and were not protected by the facility's electrically supervised automatic smoke detection system. 2) The corridor by the Aviary was not adequately protected by the automatic smoke detection system. The distance between the smoke detectors exceeds the spacing requirements found in NFPA 72, National Fire Alarm Code.	K 017		
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	K 025		

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K 025	Continued From page 2 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) A low-voltage conduit penetration in the Whispering Winds smoke barrier (above cross-corridor doors) was not sealed with a fire-rated product installed in accordance with the manufacturer's UL listing. 2) A low-voltage conduit penetration in the Cozy Cottage smoke barrier (above cross-corridor doors) was not sealed with a fire-rated product installed in accordance with the manufacturer's UL listing. 3) The gypsum board was notched around pipes and electrical conduit penetrations in the Cozy Cottage smoke barrier (at the head of wall of the south wall of the dining room) and was not filled with fire-rated product installed in accordance with the manufacturer's UL listing. The notched areas are too large to be sealed with fire caulking. 4) The head-of-wall above the cross-corridor doors of the smoke barrier wall adjacent to the employee entrance was sealed with gypsum board tape and compound. When using gypsum	K 025	K025 The low voltage conduit penetration in the Whispering Winds smoke barrier will be sealed with an intumescent product in accordance with manufacturer's UL listing by 4/15/2011. The low voltage conduit penetration in the Cozy Cottage smoke barrier (above cross corridor doors) will be sealed with an intumescent product in accordance with manufacturer's UL listing by 4/15/2011. The gypsum board will be repaired around the pipes and electrical conduit at the head of wall in the smoke barrier in Cozy Cottage will be sealed with an intumescent product in accordance with manufacturer's UL listing by 4/15/2011. The head of wall above the cross corridor wall adjacent to the employee entrance will be prepped and then sealed with an intumescent product in accordance with manufacturer's UL listing by 4/15/2011. 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.	4/15/11

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K 025	Continued From page 3 board tape and compound on head-of- wall joints, the joint must be tight in order to maintain the fire-rating of the wall. The gap between the smoke barrier wall and the ceiling/roof assembly was too large to be sealed with gypsum board tape and compound.	K 025		
K 047 SS=D	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: Exits must be marked by approved signage that is readily visible from any direction of exit access and that obviously and clearly identifies the exit. 7.10.1.2 The facility failed to mark exit paths with readily visible signage. Observation determined the west end of the east/west corridor and the south end of the Meadowlark Lane (where the corridor curves) were not marked by approved signage to clearly identify the path of exit.	K 047	K- 047 New exit signs were installed on the west end of the east/west corridor, and the south end of the Meadowlark Lane corridor. All corridors have the potential to be affected should the facility fail to have adequate exit signage. All other corridors were observed to be compliant. The Director of Maintenance will check the signs monthly to ensure proper illumination of the signs. Results of the monthly checks will be reported by the Director of Maintenance to the QA Committee on a quarterly basis.	4/1/11
K 051 SS=E	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 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	K 051		

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K 051	Continued From page 4 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: Fire alarm connections to the light and power service must be on a dedicated branch circuit. The circuit and connections must be mechanically protected. Circuit disconnection means must have a red marking, be accessible only to authorized personnel, and be identified as Fire Alarm Circuit Control. Observation determined the facility failed to properly mark and provide a locking device on the fire alarm sub-panel electrical circuit breaker. The electrical panel with the fire alarm sub-panel electrical breaker was located in the Homestead Acres Electrical Room.	K 051	K051 The electrical circuit breaker for the fire alarm sub panel was clearly marked in red and a locking device will be installed on or before 4/9/2011, which will limit access to authorized personnel only. The other primary panel circuit breaker was checked and found to be compliant. The Director of Maintenance or designee will inspect the panel quarterly to ensure the lock is in place. Any variances found will be reported by the Director of Maintenance to the QA Committee on a quarterly basis.	4/9/11
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 5 This STANDARD is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment comply with NFPA 70, National Electrical Code Flexible cords and cables must not be used as a substitute for fixed wiring of a structure. NFPA 70, 400-8 Observation determined the facility was using flexible cords as a substitute for fixed wiring. 1) A refrigerator was plugged into a power strip in Resident Room 17. 2) The TV in Resident Room 22 was plugged into a power strip that was plugged into another power strip. The second power strip was plugged into the wall (daisy chaining). Power strips are allowed to be used for supplying power for TV's but the power strips must go directly from the TV cord to the electrical receptacle. 3) A TV and a refrigerator were plugged into a light weight extension code in Resident Room 19.	K 147	K 147 The power strip for the refrigerator in room 17 was removed and the refrigerator was plugged directly into a wall outlet. The TV in room 22 was plugged into a single power strip, eliminating the second power strip. The light weight extension cord in room 19 was removed and the refrigerator was relocated so it could be plugged directly into an outlet. All residents have the potential to be affected should the facility fail to ensure electrical wiring and or equipment is safe and complies with NFPA standards. All resident rooms were checked and any noncompliant equipment was removed. The Director of Maintenance or designee will check the residents' rooms monthly for improper use of cords or power strips. The Director of Maintenance will report findings from these room checks to the QA Committee quarterly.	4/4/11