

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

PRINTED: 03/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355040	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2012
NAME OF PROVIDER OR SUPPLIER LUTHER MEMORIAL HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 750 MAIN ST E MAYVILLE, ND 58257	
(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 This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate non compliance with these standards. The facility is located in a one-story building of Type V (000) construction and is protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
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: The facility failed to maintain the emergency power supply system (EPSS) with all required components and provide a remote system alarm at a work site that is readily observable by personnel. NFPA 110, Standard for Emergency and Standby Power Systems. Observation revealed the facility's emergency power supply (EPS) consisted of a generator located outdoors and an annunciator panel	K 144		

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

TITLE

(X6) DATE

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 144	Continued From page 1 located in the Maintenance Office. The Maintenance Office was not continuously occupied and there was no annunciator panel installed at a location that was readily observed by staff.			K 144	1) LMH will place an annunciator panel by our B-wing nurses' station. This location is readily observed. 2) The entire facility has the potential to be affected by the deficient practice. 3) Panel will be moved and nursing staff will be educated annually on functions of panel. April 10 nursing staff will be educated. 4) QA will monitor annual education of panel with nursing staff. 5) Completion date		4/19/12