STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	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 noncompliance with these requirements. The facility was located in a one-story building of Type V (000) construction protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The building had no basement.	K 000		
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 seal penetrations in smoke barriers as required. Observation determined the D-Wing smoke barrier had a conduit penetration above the ceiling that was not sealed on either end to maintain the smoke resistance of the barrier.	K 025	K025 1. Corrective action will be accomplished by sealing the conduit penetration with fire caulk. 2. Other areas of the facility have the potential of having penetrations if or when a contractor comes in and works in these areas. 3. The facility has put the following changes in place: (a) Area of concern has been sealed with fire caulk. See attachment #1. 4. The facility will monitor to ensure future penetrations are sealed by using the following monitoring device. See attachment #2. 5. Corrective action will be completed by June 7, 2014.	6-7-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Adm — 5/8/14

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.

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Therapy	04/23/2014

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K 025	Continued From page 1 Penetrations by conduits are required to be sealed with a material that is capable of maintaining the smoke resistance of the smoke barrier. The Maintenance Supervisor acknowledged the finding when the deficiency was identified. Failure to seal smoke barriers as required increases the risk of death or injury due to fire. The deficiency affected two (2) of six (6) smoke compartments.	K 025		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 would not leave the area in darkness. CMS allows a light fixture equipped with a single long life bulb with a quick strike feature to illuminate exit discharge. Observation determined the exit discharge from the building at the Therapy Wing exit door was equipped with lighting having a single bulb which was not a long life type.	K 045	K045 1. Corrective action will be accomplished by replacing current 1-bulb fixture with a 2-bulb fixture. 2. There are no areas having the potential of having this problem in the facility. 3. The facility purchased a new 2-bulb fixture to replace the current 1-bulb fixture. 4. Will do a one-time QA to monitor all exits; and then yearly. (See attachments 12&13) 5. Corrective action will be completed by June 7, 2014.	6-7-14

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Main Building	04/23/2014

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K 045	Continued From page 2 The Maintenance Supervisor acknowledged the finding when the deficiency was identified. Failure to provide egress lighting as required increases the risk of death or injury due to fire. The deficiency affected one (1) of seven (7) exit discharges.	K 045		
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: The facility failed to ensure emergency lighting of at least 1½ hour duration. A functional test must be conducted on every required emergency lighting system at 30-day intervals for a minimum of 30 seconds. An annual test must be conducted for 1 1/2-hour duration. Written records of testing must be kept by the owner for inspection by the authority having jurisdiction. Interview with the Maintenance Director and review of records determined battery powered emergency lights were tested for 60 minutes annually. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to provide emergency lighting as required increases the risk of death or injury due to fire.	K 046	K046 1. The corrective action will be accomplished by doing an annual test of 1½ hour duration on the emergency lighting. 2. The entire facility has the potential to be affected by this issue. 3. Maintenance staff was trained on the 1½ hour time frame. See attachment #11 4. The facility will monitor by doing an annual QA. See attachment #3. 5. Corrective action will be completed by June 7, 2014.	6-7-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Main Building	04/23/2014

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K 046	Continued From page 3 The deficiency affected all battery-powered lights providing emergency lighting throughout the facility.	K 046		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined the facility failed to conduct a Night Shift fire drill during the fourth quarter of 2013. The Maintenance supervisor acknowledged the finding when the deficiency was identified. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 050	K050 1. The corrective action will be accomplished by doing quarterly fire drills on each shift. 2. The night shift has the potential of being affected by this issue. 3. The measure put in place will be to perform fire drills quarterly on each shift. 4. The facility will monitor by doing a QA monthly for a period of 6 months. See attachment #4 & 10. 5. Corrective action will be completed by June 7, 2014.	6-7-14
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is	K 052		

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Service Wing	04/23/2014

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K 052	Continued From page 4 installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to ensure the fire alarm system was maintained, inspected and tested in accordance with NFPA 72 National Fire Alarm Code. Review of the fire alarm test records indicated that the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. The fire alarm system test records did not indicate load voltage tests of the sealed lead acid batteries semiannually. The deficiency affected two (2) required load voltage tests of the batteries in the last year. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to test the fire alarm system as required increases the risk of death or injury due to fire.	K 052	K052 1. Corrective action will be accomplished by purchasing a battery load tester and performing semi-annual load voltage test of the sealed lead acid batteries. 2. This is the only area being affected by this issue. 3. A load tester was purchased and a semi-annual load voltage test of the sealed lead acid batteries will be performed. 4. The facility will monitor by doing a semi-annual QA check. See attachment #5. 5. Corrective action will be completed by June 7, 2014.	6-7-14
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062		

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Main Building	04/23/2014

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K 062	Continued From page 5 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: Testing frequencies for automatic sprinkler systems range from quarterly to annually. Inspection frequencies can be as often as weekly to as long as annually. The frequencies for testing, inspection and maintenance of automatic sprinkler systems are dictated by the requirements as outlined by Table 5-1 of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. NFPA 25 requires the facility to complete, maintain and make available to the authority having jurisdiction copies of records which indicate the procedure performed, by whom, the results and the date. These records are to be retained for the life of the system. The automatic sprinkler system is required to have specified maintenance. The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Review of automatic sprinkler records determined an annual test of the sprinkler system was not documented during the past twelve (12) months. The Maintenance Director acknowledged the finding when the deficiency was identified. Failure to test the automatic sprinkler system as	K 062	K062 1. Corrective action will be done by getting the annual sprinkler inspection completed. 2. The whole facility has the potential of being affected by this issue. 3. The measure will be corrected by having an annual sprinkler test performed. See attachment #6. 4. The facility will do an annual QA check. See attachment #7. 5. Corrective action will be completed by June 7, 2014.	6-7-14

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Generator	04/23/2014

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K 062	Continued From page 6 required increases the risk of death or injury due to fire. The deficiency affected one of numerous required tests of the automatic sprinkler system.	K 062		
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 Emergency and Standby Power Systems, Section A-6-3.6. The facility failed to ensure the emergency generator was in compliance with NFPA 110, Interview with the Maintenance Director and generator records review determined the specific gravity of the generator batteries was not documented in the past twelve (12) months. The Maintenance Engineer acknowledged the finding when the deficiency was identified. Failure to provide emergency lighting as required	K 144	K144 1. The corrective action was done by purchasing a specific gravity tester and testing the specific gravity of the batteries for the generator weekly. 2. The whole facility has the potential of being affected by this issue. 3. The deficiency will be corrected by purchasing a specific gravity tester and testing batteries weekly. 4. The facility will implement a QA weekly x8 weeks. See attachment #8. 5. Corrective action will be completed by June 7, 2014.	6-7-14

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	355040	A. BUILDING 01 - MAIN BUILDING 01 B. WING Generator	04/23/2014

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K 144	Continued From page 7 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous requirements for providing emergency lighting.	K 144		