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 _____	**08/12/2019**

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 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. 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.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1.	K 211	K211 □ Fire Door Assemblies Luther Memorial Home will conduct an internal yearly inspection of all fire rated door assemblies to comply with NFPA 80, Standard for Fire Doors and other Opening Protectives. 7.2.1.15.2 The facility will conduct an internal audit of all doors to determine which doors are considered to be fire barriers. This audit	9/6/19

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

Electronically Signed | 08/19/2019

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	355040	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E** **MAYVILLE, ND 58257**

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K 211	Continued From page 1 Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test fire rated door assemblies throughout the facility. Review of documentation and interview with staff determined fire rated door assemblies had not been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected numerous fire rated door assemblies throughout the facility.	K 211	will be conducted by the Department of Environmental Services. This audit will establish a list of doors that will receive an annual inspection to comply with all necessary codes. The Director of Environmental Services will create a fire rated door inspection schedule. This schedule will be documented within the Environmental Services Department in the following ways: 1. A visible notification/poster will be placed within the Environmental Services Department reminding all members of the department of the necessary inspection and time frame for completion. 2. The Director of Environmental Services will add a calendar reminder on Microsoft Outlook. The Director of Environmental Services will conduct a yearly QA ensuring that all fire rated door assemblies have been subjected to a yearly inspection. QA data will be reported at the QAPI meeting annually. Corrective action for Tag K211 will be completed by September 6th, 2019.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of	K 918		8/15/19

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	355040	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E** **MAYVILLE, ND 58257**

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K 918	Continued From page 2 supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110. Review of generator test records indicated no monthly test of the emergency generator was	K 918	K918 □ Generator Test Records Luther Memorial Home will conduct monthly tests of the emergency generator which provides all emergency power to the facility to comply with NFPA 110 □ Essential Electric System Maintenance	

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K 918	Continued From page 3 conducted during July 2019. Failure to inspect and maintain emergency generators in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) monthly tests of the emergency generator which provides all emergency power to the facility.	K 918	and Testing. Luther Memorial Home has identified that it has only 1 generator, thus no other portions of the facility will have the potential to be affected by the same deficient practice. The Director of Environmental Services will create a schedule that will be used to ensure the monthly test of the emergency generator will be conducted in accordance with all relevant Life Safety codes. This schedule will be placed within the Environmental Services Department and on the Director of Environmental Services outlook calendar. The Director of Environmental Services will conduct a monthly QA ensuring that the test of the emergency generator will be conducted within the relevant time frame 20 to 40 day intervals. This QA will be an ongoing QA indefinitely. Results from the test will be recorded immediately on the necessary paperwork within the Generator Testing Log Book after completion of the test. Results of the generator test will be presented at the monthly QAPI meeting. Corrective action for this specific tag cannot be completed as the specific instance of failing to document the test of the emergency generator was in July of 2019. August 2019 testing of the emergency generator has been completed and proper documentation of testing recorded in the Generator Testing Log Book on August 5th, 2019.	