STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355041	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/22/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME OF THE GOOD SHEPHERD	**1226 1ST AVE N** **NEW ROCKFORD, ND 58356**

(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 18 - New Health Care Occupancies and Chapter 19 - Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The original building of Lutheran Home of the Good Shepherd was one-story of Type II (111) construction protected with a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The Garage was separated from the original building by an occupancy separation wall having a two (2) hour fire resistance rating. Two wings (Medora Wing and Angel Wing) of the same construction type were added onto the original building in the late 1980's. A chapel/day care addition of Type V (000) construction was built in 2003. The addition had a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the nursing home and chapel/day care addition was an apartment building. A combustible link connected the nursing home and chapel/day care addition to the apartments at an occupancy separation wall having a two (2) hour fire resistance rating. The 2009 and the 2010 additions were Type V (111) construction and protected with a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		

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

Electronically Signed | 03/08/2016

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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure doors to hazardous areas in fully sprinklered existing health care occupancies were equipped with self-closing/automatic latching hardware. Observation determined the door to the Soiled Utility Room in the Peace Lane Wing did not have self-closing hardware. Failure to ensure doors to hazardous areas self-close and latch to the door frame increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 029	1. A self-closing device on the dirty utility room was installed so the door closes to the latched position. 2. All other doors in the facility were checked to have closers installed where required and checked to ensure they move the door to the latched position. 3. The maintenance inspection schedule will be changed to monitor devices on all self-closing doors. 4. The maintenance checks will include checking that doors with closures to ensure they latch. 5. The closer was installed on 3/3/16 to be in substantial compliance with K-029.	3/3/16
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		3/8/16

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K 038 SS=E	Continued From page 2 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 1) Doors are required to be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of special knowledge or effort for operation from the egress side. 19.2.2.2.1, 7.2.1.5.1, 19.2.2.2.4, 7.2.1.6.2 The facility failed to ensure exit access was readily accessible at all times. Observation determined the northwest and southwest exterior exit doors from the Support Services Wing were equipped with access-controlled magnetic locks that required a code to be entered on a key pad to release. The doors were not equipped with a delayed egress feature. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of eleven (11) exterior exits from the facility. 2) During its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, passageway, or landing unobstructed and shall not project more than 7 inches into the required width of an aisle, corridor, passageway, or landing, when fully open. 7.2.1.4.4. Observation determined the following doors	K 038	1. The two doors identified during inspection that were not operating with the 15 second egress mode have been corrected. They now open when pushed or turned and do open in 15 seconds for emergency egress. Doors 1,3,5 closures were taken off, doors 2,4,6,7 closures were put on, door 8 the sanitizer behind door was moved, Doors 9 and 10 have slide door stops added to restrict opening into hallway. All 10 doors identified were corrected by putting on or taking door closures. Door 2 was removed and wall was extended out and door reinstalled and does meet requirements. 2. All other doors were inspected with no more identified issues. 3. The maintenance department will continue to check 15 second egress compliance and other doors with scheduled checks and if any replacement of equipment is installed they will also be monitored. 4. Inspections by the maintenance department will be monitored and reported to the Environmental Services Director and reported on to Quality Assurance committee. 5. The 2 egress doors were repaired and complaint with K-038 on 3/1/16. The facility is compliant with remaining 10 doors as of 3/8/16.	

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K 038	Continued From page 3 opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. 1) The corridor door to the Linen Room in the Peace Lane Wing. 2) The corridor door to the Soiled Utility Room in the Peace Lane Wing. 3) The corridor door to the Staff Rest Room in the Peace Lane Wing. 4) The corridor door to the Soiled Utility Room in the Hope Avenue Wing. 5) The corridor door to the Linen Room in the Joy Street Wing. 6) The corridor door to the Mechanical Room in the Joy Street Wing. 7) The corridor door to the Wheelchair Washer Room in the Town Center Wing. 8) The corridor door to the Public Rest Room in the Grace Court Wing. 9) The corridor door to the Housekeeping Room in the Grace Court Wing. 10) The corridor door to the Housekeeping Room in the Faith Lane Wing. This deficiency affected ten (10) of numerous corridor doors in the means of egress throughout the facility. Failure to ensure exit access is readily available at all times increases the risk of death or injury due to fire.	K 038		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required	K 056		3/1/16

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K 056	Continued From page 4 sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Automatic fire sprinkler systems must be installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. A minimum distance shall be maintained between sprinklers to prevent operating sprinklers from wetting adjacent sprinklers and to prevent skipping of sprinklers. The minimum distance permitted between sprinklers shall comply with the value indicated in the section for each type or style of sprinkler. NFPA 13 5-5.3.4 The facility failed to install the automatic sprinkler system in accordance with NFPA 13 to provide adequate coverage for all portions of the building. Observation determined two (2) sprinklers in the Soiled Utility Room in the Peace Lane Wing were closer than the minimum of six feet apart. Failure to install the automatic sprinkler system in accordance with NFPA 13 increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous locations protected by the automatic sprinkler system, which serves the entire facility.	K 056	1. One sprinkler head in the dirty utility room was removed to meet the compliance of six feet between sprinkler heads. 2. All other closets and storage areas were inspected with no more identified issues. 3. Inspections by the maintenance department on any construction or remodeling projects in the future to monitor for the same identified concerns with multiple sprinkler heads. The remaining building was inspected for any other concerns and there were none. 4. There is no future need to monitor the corrected areas. If any new construction or remodeling occurs it will be monitored at that time. 5. The extra sprinkler head was removed to be in compliance with K-056 on 3/1/16.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		3/1/16

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K 062	Continued From page 5 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: Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 19.7.6, 4.6.12, NFPA 25, 2-2.1.1 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 the sprinklers in Boys and Girls Rest Rooms in the Daycare had paint on them and were no longer deemed in reliable operating condition. Failure to test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected two (2) of numerous sprinkler heads. The automatic sprinkler system serves the entire building.	K 062	1. The sprinkler heads in the Boys and Girls Bathroom that had paint on them were replaced. 2. All other sprinkler heads were inspected with no more identified issues. 3. Inspections by the maintenance department on any construction or remodeling projects in the future to monitor for the same identified concerns. Education was provided to staff to ensure understanding of compliance with K-062. 4. There is no future need to monitor the corrected areas. If new construction occurs it will be monitored at that time. 5. The sprinkler heads identified were replaced on 3/1/16 to be in substantial compliance with K-062 .	