

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

PRINTED: 04/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355041		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/26/2023	
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME OF THE GOOD SHEPHERD				STREET ADDRESS, CITY, STATE, ZIP CODE 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
E 000	Initial Comments A recertification survey conducted on 06/26/2023 found Lutheran Home of the Good Shepherd in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/06/2023

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 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 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-hour fire resistance rating. Two wings (Hope Avenue Wing and Peace Lane 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-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			K 000			

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K 000	Continued From page 1	K 000			
K 918 SS=F	Installation of Sprinkler Systems. 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 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)	K 918		8/11/23	

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K 918	Continued From page 2 This REQUIREMENT is not met as evidenced by: The facility failed to test the emergency power generator in accordance with NFPA 110, Standard for Emergency Power and Standby Systems. Record review determined the diesel emergency power generator was not exercised under load for 4 continuous hours in the past 36 months. Records show an outside company exercised the generator under load for 4 continuous hours on 03/26/2020. Failure to test the emergency power generator in accordance with NFPA 110 increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) emergency power generator in the facility. The emergency power generator serves the entire facility.	K 918	1. The facility hired a contractor to perform the 4-hour underload tests to be completed in July. 2. The facility has 2 generators that will be tested on the contractor's visit, with no other generators to be tested. 3. The administrator or designated person will monitor the dates of the generator testing to ensure that LHGS remains in compliance with the 36-month underload for 4-hour testing cycle. 4. The facility will obtain documentation from the contractor and monitor annually for compliance. The facility also has set reminders for the quarter before the next testing is due to contact the contractor. 5. The facility will complete corrective action by August 10th, 2023.		