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

PRINTED: 11/10/2010
FORM APPROVED
OMB NO. 0938-0391

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 _____	11/08/2010

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 19-Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The original building of Lutheran Home of the Good Shepherd was one-story of Type II (111) construction protected with a partial wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Two wings (Medora Wing and Angel Wing) of the same construction type were added onto the original building in the late 1980's. The penthouse enclosing the mechanical equipment on the roof of the facility was of Type II (000) construction. Since the penthouse is located on the roof, does not support another floor and was separated by one-hour fire resistive construction, the Type II (000) construction was allowed. 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. Note: CMS requires unsprinklered long term care	K 000	Eliza CEO Adm	11/9/2010

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

Eloisa K. Lutke, CEO/Adm | 11-22-2010

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.

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 _____	11/08/2010

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	Continued From page 1 facilities to install an approved, supervised automatic sprinkler system in accordance with the 1999 edition of NFPA 13, Standard for the Installation of Sprinkler Systems throughout the building by August 13, 2013.	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: The facility failed to ensure the building meets the construction type required of existing health care occupancies without an automatic sprinkler system installed throughout. Observation determined the original building was Type II (111) construction. The Medora and Angel Wings are of Type II (111) construction with a deficient roof/ceiling assembly. The return air grills in the corridor ceiling are not equipped with one-hour fire rated dampers to maintain the required one-hour fire rating of the roof/ceiling assembly.	K 012	K012: Maintenance staff corrected the areas (Medora, Angel and Nursing station) that were deficient with roof/ceiling with the return air grills not equipped with the one hour fire rated dampers by blocking those areas with ceiling tile on 11/09/2010. The maintenance staff will monitor all corridors above the ceiling tile assembly. Documentation and a QA will be completed by Maintenance Staff quarterly. (See Attached Pictures)	11/9/2010
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 241 section 8.6.2 Temporary Separation Walls.	K 130		

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 _____	11/08/2010

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 130	Continued From page 2 a) Protection must be provided to separate an occupied portion of the structure from a portion of the structure undergoing alteration, construction, or demolition operations when such operations are considered as having a higher level of hazard than the occupied portion of the building. b) Walls must have at least a 1-hour fire resistance rating. c) Opening protectives must have at least a 45-minute fire protection rating. The facility failed to ensure the protection of existing structures and equipment from exposure fires resulting from construction, alteration, and demolition operations. Observation determined the facility failed to preserve existing life safety systems or provide one-hour fire rated walls between the occupied spaces and the new addition. 1) The doors in the two-hour wall constructed between the new and existing buildings lacked latching hardware and closing devices, and had unsealed spaces between the doors. 2) The corridor in the link leading to the two-hour separation wall had unsealed spaces around through-wall pipe/conduit penetrations and the head of wall joint was not sealed with fire caulk.	K 130	K030: Maintenance Staff and Contractors sealed the fire rating doors with 5/8ths sheet rock and fire rating caulking (USG/3M) The sub-contractors placed all necessary latching hardware and closing devices on ll/9/2010 (see attached pictures) Contractors sealed all unsealed spaces around through-wall pipe/conduit penetrations and the head of wall joint sealed with fire caulking (USG/3M). Maintenance staff will monitor all areas of the new connecting addition as well as the existing facility quarterly. QA will be completed by maintenance staff two times a year (every 6 months)	11/9/2010