

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

PRINTED: 12/22/2011
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 01 - MAIN BUILDING 01 B. WING DIVISION OF LIFE SAFETY AND CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/20/2011
---	---	---	---

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
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 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. 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. At the conclusion of the 12/20/11 Life Safety Code survey, it was determined the facility was in compliance with the provisions of NFPA 101, Life	K 000	EKG	12/27/2011

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

TITLE

(X6) DATE

Eloise K. Lufke

CEO / ALM

12/27/2011

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.

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

PRINTED: 12/22/2011
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2011
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
K 000	Continued From page 1 Safety Code. Note: CMS requires unsprinklered long term care 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 by August 13, 2013. The Generator Room adjacent to Central Supply and the Garage were not protected by the automatic fire sprinkler system.	K 000			