STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355057	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/29/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEMBILIER NURSING CENTER	**500 DELANO AVE** **WALHALLA, ND 58282**

(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 findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction protected by a wet and dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A garage and assisted living apartments were attached to the southwest end of the facility. A two-hour fire rated wall assembly separated the facility from the adjoining garage and assisted living building.	K 000		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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: The facility failed to ensure that exits and exit passageways in the means of egress were readily accessible at all times. Observation determined: 1) 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,	K 038	1. All corridor doors which open outward into the exit door will have their self-closing arm replaced allowing the door to swing open and project no less than 7 inches into the required width of the corridor when fully open. Delayed egress will be added to the front double entrance and west hall entrance both which have mag locks installed.	10/1/16

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

Electronically Signed | 10/09/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355057	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/29/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEMBILIER NURSING CENTER	**500 DELANO AVE** **WALHALLA, ND 58282**

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K 038	Continued From page 1 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. Numerous corridor doors throughout each wing in the facility opened outward into the exit corridor and extended more than 7 inches from the wall when fully opened. This deficiency affected numerous corridor doors throughout the facility. 2) 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. 7.2.1.5.1. Observation determined the South Main Exit and the West Exit from the building were equipped with a magnetic locking device that required a keypad to override the lock from the egress side. The magnetic locks engaged with a Wander Guard system and did not have a delayed egress feature. This deficiency affected two (2) of four (4) exits from the building. Failure to ensure the exits in the means of egress are readily accessible at all times increases the risk of death or injury due to fire.	K 038	2. The maintenance man completed a walk-thru of the building on 09/29/2015 to identify all doors which are out of compliance and log for repair. No other doors in the building have magnetic locks. 3. All doors installed in the facility will be placed on the maintenance log and inspected monthly to ensure they are functioning and in compliance with Life Safety Codes. 4.The maintenance man will perform quarterly assessments for 1 year on all corridor doors to ensure compliance. Reports will be discussed at the quarterly QA meeting. 5. November 10th, 2015	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		10/1/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355057	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/29/2015**

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K 144	Continued From page 2 This STANDARD is not met as evidenced by: A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. NFPA 99 3-4.1.1.15 The facility failed to ensure the emergency generator was in compliance with NFPA 99, Standard for Health Care Facilities. Observation determined there was no remote annunciator for the emergency generator located outside of the Generator Room at a work site readily observable by personnel. Failure to ensure the emergency generator is in compliance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 144	1. A remote annunciator panel for the generator will be installed at the nurse's station. 2. No other portions of the building have the potential to be impacted. 3. The maintenance man will monitor the nurse's station which will be the location of the remote generator annunciator panel to ensure it is operational at all times. 4. The maintenance man will perform a quarterly QA study on the generator annunciator panel for 6 months to ensure it is located at the front desk and operational. All findings will be discussed at the quarterly QA meeting. 5. November 10th, 2015	