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

PRINTED: 10/06/2014
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
	355057	A. BUILDING 01 - MAIN BUILDING 01 B. WING	10/02/2014

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 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: The facility failed to test the fire alarm system as required.	K 052	1. Semiannual load voltage tests of the sealed lead acid batteries for the fire alarm system will be performed. A cell tester was purchased from SimplexGrinnell. The test was completed on 10/7/14 and will be performed semiannually. 2. Only one fire alarm system is located in the building. All required testing and monitoring will be completed on this system. 3. The maintenance supervisor has placed the required testing on a schedule located in the maintenance binder. 4. The QM team will review all required QA studies. We will monitor the form for one year to ensure semiannual tests are performed. 5.	10/7/14

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

Debra Flaten | Administrator | 10/19/14

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.

emailed
10-22-14

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K 052	Continued From page 1 Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. Failure to test and maintain the fire alarm system in accordance with NFPA 72, National Fire Alarm Code, increases the risk of death or injury due to fire. This deficiency affected two (2) of two (2) required load voltage tests of the batteries in the last year. Ref: 2000 NFPA 101 Section 19.3.4.1, 9.6.1.4; 1999 NFPA 72 table 7-3.2 item 6.d.3.	K 052		
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. This STANDARD is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Maintenance of emergency generator batteries	K 144	1. The specific gravity of the battery in the emergency generator was checked on 10/8/2014. A specific gravity cell tester was purchased. 2. Only one generator exists in the building. 3. The maintenace supervisor has placed the required testing on a weekly schedule located in the maintenance binder. 4. The QM team will review all required QA studies. We will monitor the form monthly for six months to ensure the specific gravity of the emergency generator battery is tested weekly. 5.	10/8/14

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K 144	Continued From page 2 must include checking and recording the value of the specific gravity. NFPA 110, Section A-6-3.6 Record review and interview of maintenance staff determined the battery in the emergency generator was not tested for specific gravity. Failure to ensure the emergency generator is in compliance with NFPA 110 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 for the building.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Electrical wiring throughout a health care occupancy must comply with NFPA 70, National Electrical Code. The facility failed to ensure electrical wiring and electrical equipment met NFPA 70 requirements. Observation determined an electrical extension cord located in the Boiler Room was in use in place of permanent wiring to provide electricity to an "on demand" water heater. Failure to ensure the electrical wiring complies with NFPA 70 for all portions of the building increases the risk of injury and death due to fire.	K 147	1. The extension cord located in the boiler room will be removed and replaced with permanent electrical wiring. Samson Electric was notified on 10/9/14. 2. All areas of the building were inspected on 10/8/14 and no extension cords were found to be used. 3. The maintenance supervisor will monitor all areas of the nursing home monthly for six months to ensure extension cords are not being used. 4. The QM team will monitor the results of the QA study for six months at the monthly QA meetings. 5.	11/16/14

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K 147	Continued From page 3 The deficiency affected one (1) of numerous rooms in the facility.	K 147		