

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355057	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING AUG 15 2011		(X3) DATE SURVEY COMPLETED 07/25/2011
NAME OF PROVIDER OR SUPPLIER PEMBILIER NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 DELANO AVE WALHALLA, ND 58282 <i>Life Safety</i>		
(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 that was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 101 LIFE SAFETY CODE STANDARD SS=D 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 forces required to fully open any door manually in a means of egress shall not exceed 15 lbf to release the latch, 30 lbf to set the door in motion, and 15 lbf to open the door to the minimum required width. 7.2.1.4.5 The facility failed to ensure exit access was readily accessible at all times. Observation determined the exterior exit door from the North Wing required excessive force to open.	K 000	1. The North hallway exit door was removed. The maintenance supervisor removed 1/4 inch from the bottom of the door to allow the door to open when pressure is applied. 2. All exit doors were checked during the survey process and all exit doors are opening correctly. 3. The maintenance supervisor will assure the North hall door and all exit doors are checked frequently for proper opening. 4. A QA Study will be conducted monthly for six months on all exit doors to ensure they all are opening without resistance. 5.		7/25/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Debra Fraser, Administrator TITLE _____ (X6) DATE 8-12-11

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.