STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355057	A. BUILDING _____ B. WING _____	10/24/2012

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
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 10/22/12 and completed on 10/24/12, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review.	F 000		
F 454 SS=E	483.70 LIFE SAFETY FROM FIRE The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. This REQUIREMENT is not met as evidenced by: Based on observation, review of a facility inspection form, review of professional reference, and staff interview, the facility failed to store oxygen according to current Life Safety Code requirements in 1 of 1 oxygen storage room. Failure to store the oxygen tank in a secure manner has the potential for the tank to fall and become a projectile potentially causing injury to residents, visitors, and staff. Findings include: NFPA 55 Standard for the Storage, Use, and Handling of Compressed and Liquefied Gases in Portable Cylinders, 1998 Edition, Chapter 6 Compressed Gas Cylinders, states, ". . . 6-6 Securing Cylinders. Compressed or liquefied gas cylinders in use or in storage shall be secured to prevent them from falling or being knocked over. . . ." Review of the facility form "Pembilier Nursing	F 454	1. Oxygen tanks were removed from the handrails and placed on the floor in a crate inside the oxygen room. 2. All oxygen tanks will be placed in the crate at all times. Our oxygen supplier was in-house on 10/25/12 and was informed of the change to where tanks need to be stored. 3. The Maintenance Director along with the Director of Nursing educated staff on the proper storage of oxygen tanks on 10/28/12. A sign was placed in the room indicating tanks must be stored in the crate. 4. The Maintenance Supervisor/ Director of Nursing will perform a monthly QA on proper oxygen storage monthly for six months. Findings will be reported at the quarterly QA meetings.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Debra Fraser	Administrator	11/7/12

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.

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F 454	Continued From page 1 Center Safety Inspection Oxygen Storage" occurred on 10/24/12. This undated inspection form, stated, "1. B. Cylinders are chained or secured in rack." Observation of oxygen storage occurred with the plant engineer (#3) on 10/24/12 at 10:15 a.m. Observation showed four small and two large liquid oxygen cylinders balanced on bars in the oxygen storage room. Another large liquid oxygen cylinder sat on top of a wooden rack, approximately two to three feet off the floor. The oxygen tanks lacked a method to secure them. During an interview, on 10/24/12 at 11:00 a.m., the plant engineer (#3) confirmed the facility failed to secure the liquid oxygen cylinders.	F 454	5.	10/31/12