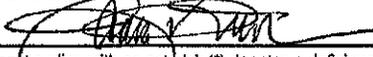


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2015
NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 S EGAN AVE MADISON, SD 57042	
(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 Stories: 1 Construction: Type I (332) Constructed: 1961 K0180: Fully Sprinkled Certified Beds: 59 Capacity: 59 Census: 56	K 000		
K 011 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain common wall fire barriers as required. Findings include: On 3/3/15 the 2 hour fire resistance rated barrier at the following locations had unsealed penetrations. Penetrations by wires are required to be filled with materials that maintain the fire resistance rating of the barrier. · Assisted living-com cable penetrations both sides above ceiling tile in corridor tile 3 total · Apartment-com cable penetrations, above ceiling tiles, 2 each side	K 011	K 011: The two cable penetrations were sealed by our Maintenance Supervisor on 3/25/15. Future projects which would involve penetrating any fire barriers will have in the contract between the contractor and Bethel, that the contractor must seal any penetrations that resulted from the work or service that was done. It is the responsibility of the Maintenance Supervisor to verify that all penetrations were sealed after any work has been done.	3/25/15

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



TITLE

Administrator

(X6) DATE

3/27/2015

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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K 011	<p>Continued From page 1</p> <p>Ref: 2000 NFPA 101 Section 19.1.2.3, 8.2.3.2.4.2</p> <p>On 3/3/15 the corridor door in the 2 hour fire resistance rated barrier at the following locations were equipped with panic hardware. Fire exit hardware is required on the required fire doors.</p> <ul style="list-style-type: none"> Apartment/ nursing home common wall <p>Ref: 2000 NFPA 101 Section 19.1.2.3, 19.1.1.4.2, 19.2.2.2.1, 7.2.1.7.2</p> <p>On 3/3/15 the fire doors at the following locations had hold open devices that are not permitted. Fire doors hold open devices are required to release automatically by the operation of smoke detectors for door release service.</p> <ul style="list-style-type: none"> Apartment/ nursing home common wall-friction hold open device <p>Ref: 2000 NFPA 101 Section 19.1.2.3, 19.1.1.4.3, 19.2.2.2.6, 7.2.1.8.2</p> <p>On 3/3/15 the fire doors at the following locations did not meet the clearance requirements of 1/8 inch +/- 1/16 inch for steel doors and not exceed 1/8 inch for wood doors on the pull side between the door and door frame.</p> <ul style="list-style-type: none"> Apartments/ nursing home wood corridor door- 3/4 inch clearance along bottom of latch edge. <p>Ref: 2000 NFPA 101 Section 19.1.2.3, 19.1.1.4.2, 8.2.3.2.1(a), 1999 NFPA 80 2-3.1.7</p> <p>The Maintenance Supervisor was present when the deficiency was identified.</p> <p>Failure to maintain common wall fire barriers as</p>	K 011	<p>K 011: The original door hardware will be replaced with fire exit hardware. The new hardware has been ordered.</p> <p>The hold open device that was on the apartment/nursing home door was removed.</p> <p>A new door frame has been ordered identical to the door frame in the existing skilled nursing facility. The new door frame will provide the clearance requirements identified in this deficiency.</p>	<p>4/30/15</p> <p>3/25/15</p> <p>5/31/15</p>

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K 046	Continued From page 4 1999 NFPA 110 Section 3-5.5.6 On 3/3/15, the generator providing power for emergency lighting system did not have a remote, common audible alarm located outside of the EPS service room at a work site readily observable by personnel as required. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3; 1999 NFPA 110 Section 3-5.6.1 The Maintenance Supervisor was present when the deficiency was identified. Failure to maintain emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected three of numerous requirements for emergency lighting.	K 046	manual stop. It will be located outside the main skilled nursing facility building. K 046: A new remote audible common alarm panel has been ordered, which will be located at our main nursing station.	6/30/15	
K 050 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to conduct fire drills as required.	K 050	K 050: The Maintenance Supervisor is responsible for all fire drills conducted in the skilled nursing facility. He has developed a new fire schedule. All drills will be held under varying conditions for each of our three shifts throughout the year. The Administrator met with nursing home personnel and reiterated that fire drills will be held at unexpected times each month. The Maintenance Supervisor will report to the Quality Assurance Committee each quarter the specific days and times fire drills were held in that quarter.	3/31/15	

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K 050	Continued From page 5 Findings include: On 3/3/15 evening shift fire drills in the past year were conducted at 4:10, 4:15, 4:11, and 4:18 PM. Night shift drills were conducted at 6:35, 6:55, 6:25, and 6:32 AM. Fire drills are required to be conducted under varying conditions. Time in the shift is one of the conditions. The shift is eight (8) hours long. Eight of drills in the past year were conducted within a 1 hour variation or less. The Maintenance Supervisor was present when the deficiency was identified. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected two of three shifts.	K 050			
K 062 SS=D	Ref: 2000 NFPA 101 Section 19.7.1.2 NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to test the automatic fire sprinkler system as required. Findings include: On 3/3/15 there were no records of the required	K 062	K 062: The testing firm that has been contracted for our sprinkler system had not been performing this test. Our Maintenance Supervisor contacted the firm on 3/4/15 and the company will complete the test of the back low prevention system by the end of March 2015. They will also add the required test to be done each December, when the entire sprinkler system is tested and inspected annually.	3/31/15	

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K 062	<p>Continued From page 6</p> <p>annual test of the back flow preventer serving the automatic fire sprinkler system.</p> <p>The Maintenance Supervisor was present when the deficiency was identified.</p> <p>Failure to test the automatic fire sprinkler system as required increases the risk of death or injury due to fire.</p> <p>The deficiency affected one of numerous required tests of the automatic fire sprinkler system.</p> <p>Ref: 2000 NFPA 101 Section 19.3.5.1, 9.7.5, 1998 NFPA 25 Section 9-6.2</p>	K 062			