North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8019	A. BUILDING: _____ B. WING _____	09/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR SUITES AT SAKAKAWEA	813 7TH ST NE HAZEN, ND 58545

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced licensure survey started on September 27, 2016 and completed on September 29, 2016, the sample included five residents for complete review and one closed record for review. In addition, the sample included six supplemental residents. The survey identified no Tier I or Tier II deficiencies. Senior Suites at Sakakawea is in substantial compliance with the requirements of North Dakota Administrative Code Chapter 33-03-24.1 "Licensing Rules for Basic Care Facilities in North Dakota."	B 000		

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE