

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355096		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/27/2026	
NAME OF PROVIDER OR SUPPLIER ANETA PARKVIEW HEALTH CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 113 5TH ST S , ANETA, North Dakota, 58212			
(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	
K0000 Bldg. 02	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies and Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The facility was located in a one-story building of Type V (000) construction and was protected by an automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An addition of Type V (111) construction was attached to the northwest side of the existing building in 2014. A Laundry addition of type V(111) construction was attached to the southwest side in 2025. The Laundry addition was surveyed using Chapter 18. Note: At the conclusion of the 01/27/2026 Life Safety Code survey, it was determined the facility was in compliance with the provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.		K0000				

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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E0000	Initial Comments A recertification survey conducted on 01/27/2026 found Aneta Parkview Health Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E0000			

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