

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2026
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - ARTHUR (PRAI			STREET ADDRESS, CITY, STATE, ZIP CODE 150 COUNTY RD 34 ARTHUR, ND 58006		
(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	
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 33 Existing Residential Board and Care Occupancies (Large) in compliance with NDAC 33-03-24.2. The facility was located in a one-story building of Type V (000) construction that was protected throughout with a dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A two-hour fire resistance rated barrier provided separation to a building attached to the east side of the facility used for ancillary support including offices, and storage. A two-hour fire resistance rated barrier provided separation to a building attached to the northwest side of the facility housing assisted living apartments. Resident evaluation determined a Prompt level of evacuation difficulty. The E-Score was 1.5. Note: Observation and records review determined the facility to be in compliance with the minimum requirements of NFPA 101, Life Safety Code.	K 000			

Health Repsonse and Licensure

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

TITLE

(X6) DATE