

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

PRINTED: 06/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355091		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/17/2024	
NAME OF PROVIDER OR SUPPLIER ASHLEY MEDICAL CENTER NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 612 CENTER AVE N ASHLEY, ND 58413			
(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
E 000	Initial Comments A certification survey conducted on 06/17/2024, found Ashley Medical Center Nursing Home in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.			E 000			

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

TITLE

(X6) DATE

Electronically Signed

06/25/2024

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355091		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 06/17/2024	
NAME OF PROVIDER OR SUPPLIER ASHLEY MEDICAL CENTER NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 612 CENTER AVE N ASHLEY, ND 58413			
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K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, 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 two-story combined Hospital and Long-Term Care building of Type II (000) construction. Residential living apartments were located on the lower level of the west wing. There was no observable horizontal 2-hour rated floor/ceiling assembly dividing the residential living apartments from the long-term care facilities above. Therefore, the entire building was surveyed as existing healthcare. The building was protected by a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Note: At the conclusion of the 06/17/2024 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.			K 000			

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