Received 10/22/2025

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8058	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD BISMARCK SENIOR LIVING, LLC	3406 DOMINION ST BISMARCK, ND 58503

(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 findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction. The building was fully sheathed and was protected with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An assisted living facility was located in the same building. Resident evaluation determined a Slow level of evacuation difficulty. The E-score was 3.11.	K 000	**Corrective action for residents potentially affected by the deficient practice** All residents had the potential to be affected, as their safety depends on staff readiness during a fire. Executive Director and Maintenance Director reviewed fire drill logs to verify that a first shift fire drill had been performed since the missed fire drill. **Measures to identify other residents or locations at risk** To confirm no other drills were missed, the Executive Director and Maintenance Director audited all fire drill records for the past year, from October 2024 to October 2025. The audit was completed on 10/16/2025. The audit confirmed that the only missed drill was the specified first-shift drill in the second quarter of 2025. All other fire drill requirements were met.	
K 244	Emergency Egress and Relocation Drills Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. 33.7.3 This State Licensing Rule is not met as evidenced by: Fire drills must be held monthly with a minimum of twelve drills per year, alternating with all work shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building.	K 244		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 10-22-25

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8058	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD BISMARCK SENIOR LIVING, LLC	3406 DOMINION ST BISMARCK, ND 58503

(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 244	Continued From page 1 Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill, including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification. 4.7.4, NDAC 33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records review determined a fire drill was not conducted on the first shift during the second quarter of 2025. Failure to conduct fire drills as required increases the risk of injury and death. The deficiency affected one (1) of twelve (12) drills in the past year.	K 244	**Systemic changes to prevent recurrence of the deficient practice** **Improved tracking:** The facility has digital and paper fire drill tracking system. The Executive Director and/or Maintenance Director will review monthly to ensure drills are being scheduled and conducted on all shifts. The digital fire drill tracking system creates the fire drill monthly schedule for a year in advance. On 10/22/2025, all department heads were re-educated on the North Dakota fire drill requirements, which include monthly drills alternating between all work shifts. The training included reviewing the facility's emergency plan. Executive Director/Department Heads and or Maintenance Director are now responsible for ensuring their staff completes fire drills during their assigned shifts and for documenting the drills correctly. **How corrective actions will be monitored** The Executive Director will review the completed fire drill logs monthly to ensure that all required drills have been performed and documented properly and report finding to the safety committee for 12 months.. **ate of completion** All corrective actions will be completed by 10/22/2025.	