

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

PRINTED: 01/16/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355128		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - NORTH CAMP B. WING _____		(X3) DATE SURVEY COMPLETED 04/01/2025	
NAME OF PROVIDER OR SUPPLIER MISSOURI SLOPE				STREET ADDRESS, CITY, STATE, ZIP CODE 4916 N WASHINGTON 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) COMPLETION DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 18-New Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a four-story building of Type II (222) construction with a basement. The entire facility was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The basement was separated from the remainder of the building by two-hour fire resistive construction. A business occupancy building was attached to the north side of the nursing facility. This business occupancy building was a one-story building of Type II (000) construction and was separated from the health care occupancy by an occupancy separation wall having a three-hour fire resistance rating. The basement and business occupancy building were not included in this survey. Note: A temporary Federal waiver for K-511, was approved by CMS on 03/19/2024 until 02/13/2027.			K 000			
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101			K 511			4/2/25

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

TITLE

(X6) DATE

Electronically Signed

04/02/2025

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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K 511	Continued From page 1 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Each patient bed location in general care areas shall be provided with a minimum of four receptacles. They shall be permitted to be of the single, duplex, or quadruplex type, or any combination of the three. All receptacles, whether four or more, shall be listed "hospital grade" and so identified. General care areas are defined as patient bedrooms, examining rooms, treatment rooms, clinics, and similar areas in which it is intended that the patient will come in contact with ordinary appliances such as a nurse call system, electric beds, examining lamps, telephones, and entertainment devices. 18.5.1.1, 9.1.2, NFPA 70, 517, 517.18, 517.18 (B) Observation determined numerous electrical receptacles at the patient bed location in general care areas of all resident rooms were not hospital grade receptacles.	K 511	Waivered tag: no plan of correction required.		

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K 511	Continued From page 2 Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected numerous electrical receptacles in all resident rooms in the facility.	K 511			

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E 000	Initial Comments A recertification survey conducted on 04/01/2025 found Missouri Slope in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E 000			

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