STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	107 12TH ST S , COOPERSTOWN, North Dakota, 58425

(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	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 one-story building of Type V (111) construction protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour fire rated occupancy separation wall was constructed between the nursing home and the attached hospital to the west.	K0000		08/07/2025
K0712 SS = D Bldg. 03	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7 This STANDARD is NOT MET as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined a drill was not conducted on the second shift during the third quarter in the past year.	K0712	Address how corrective action will be accomplished: The Maintenance Manager will recreate the fire drill schedule to ensure all fire drills are held at least quarterly on each shift. The Maintenance Manager will ensure all fire drills will follow the written schedule so all three (3) shifts are covered quarterly during the calendar year. How the facility will identify other portions of the facility having the potential to be affected by the same deficient practice: All areas of the facility have the potential to be affected by the alleged deficient practice. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The facility will ensure that all facility fire drills	08/25/2025

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

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K0712 SS = D Bldg. 03	Continued from page 1 Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) required drills in the past year.	K0712	Continued from page 1 are completed in coordination with the regulatory requirements. The Maintenance Manager implemented a two (2) year calendar to ensure all three (3) shifts are covered quarterly during the calendar year. On 08/05/2025 the Maintenance Manager was educated on proper scheduling of fire drills to ensure compliance with regulatory standards. How the corrective action(s) will be monitored to ensure the practice will not recur: The Quality Assurance Nurse will perform a monthly audit on fire drills for six (6) consecutive months to ensure fire drills are completed for each shift for the quarter in coordination with the regulatory requirements. Results of audited records will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. Corrective action completion date: 09/18/2025	

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E0000	Initial Comments A recertification survey conducted on 08/05/2025 found Griggs County Care Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		08/07/2025

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE