North Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 8054A | A. BUILDING: 01 - MAIN BUILDING 01<br>B. WING _____ | 03/17/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVERGREEN | 2143 6TH AVE W<br>DICKINSON, ND 58601 |

| (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<br><br>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.<br><br>The Evergreen Basic Care was located on the first and second floors of a three-story building. The building was Type V (000) construction, fully sheathed, and protected throughout with a sprinkler system designed to meet the requirements of NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height.<br><br>The lack of a one-hour fire separation between the basic care and the assisted living located on the third floor required the assisted living area to be included in the Life Safety Code survey.<br><br>Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 2.73.<br><br>Note:<br>Review of records and observations made during the survey determined the facility was in compliance with the 2012 edition of NFPA 101, Life Safety Code. | K 000 | | |

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