

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - GOOD SAMARITAN SOCIETY-FARGO B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FARGO		STREET ADDRESS, CITY, STATE, ZIP CODE 4502 37TH AVE S FARGO, ND 58104		
(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 32 New Residential Board and Care Occupancies (Large), and 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 (111) construction that was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. An occupancy separation wall having a two-hour fire resistance rating separated the church building that was attached to the north side of the basic care building. A one-story addition of Type V (111) construction was attached to the south side of the existing building in 2017. This addition was surveyed using Chapter 32. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 1.9.	K 000		
K 238	EXIT SYSTEM Means of egress from resident rooms and resident dwelling units to the outside of the building shall be in accordance with Chapter 7 and this chapter. 33.3.2.1.1	K 238		

Health Response and Licensure

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

[Signature]

TITLE

Administrative Services

(X6) DATE

11/13/2025

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - GOOD SAMARITAN SOCIETY-FARGO B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FARGO		STREET ADDRESS, CITY, STATE, ZIP CODE 4502 37TH AVE S FARGO, ND 58104		
(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 238	Continued From page 1 This State Licensing Rule is not met as evidenced by: Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria: 1) Facilities having an impractical evacuation capability. 2) Facilities having a prompt or slow evacuation capability with more than 25 rooms, unless each room has a direct exit to the outside of the building at the finished ground level. 32.3.2.9 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 7.9.2.4. The emergency generator provided all emergency lighting throughout the facility. The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. For systems located outdoors, the manual shutdown should be located external to the weatherproof	K 238		

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - GOOD SAMARITAN SOCIETY-FARGO B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - FARGO		STREET ADDRESS, CITY, STATE, ZIP CODE 4502 37TH AVE S FARGO, ND 58104		
(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 238	Continued From page 2 enclosure and should be appropriately identified. The remote manual stop station shall be labeled. Observation determined there was no remote stop switch for the emergency generator located outside of the generator enclosure. Failure to ensure the emergency generator was in compliance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 238	As per NFPA 99 and NFPA 110, a remote stop switch for the emergency generator located outside of the generator enclosure will be installed by Butler Machinery. JDP Electric has completed pulling wires for the remote emergency stop for the standby generator. The E-stop has been ordered by Butler Machinery and will be installed by mid-late week of November 17, 2025. Please see attached document. Upon completion, proof of compliance will be submitted.	

Vangerud Leraas, Mary

From: Austin Male <AustinMale@butlermachinery.com>
Sent: Thursday, November 13, 2025 8:00 AM
To: Marik, Judy
Subject: [EXTERNAL] Generator remote E-Stop

Hello Judy,

We got confirmation that JDP electric has completed pulling wires for the remote emergency stop for the standby generator. Wires have been pulled to the ATS. We are ordering an E-stop tomorrow and plan to be onsite mid-late next week to complete the installation. This should only take a couple of hours to install and test. Once we have confirmed the E-stop is functioning properly, you will all set. If there is anything else you need from the Butler team, please feel free to reach out any time,

Thank you!

Austin Male | Butler Machinery Company | Service Manager

3402 36th St SW | Fargo, ND 58104 | P 701-298-1823 | C 701-552-0906

Our Mission | To build long-term relationships, founded on trust, creating mutual growth and success.

Butler Values | Our Team • Customer Driven • Integrity • Accountability • Excellence • Safety



This email is intended only for the use of the individual(s) or entity (entities) to which it is addressed and may contain information that is PRIVILEGED and/or CONFIDENTIAL. If you are not the intended recipient, please delete it and any attachments immediately, without opening them. Protecting the security and privacy of your data is important to us. Please see our website for our complete Data and Privacy Policy.