

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER TOUCHMARK AT HARWOOD GROVES			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HARWOOD DR 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 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The facility was located in a three-story building of Type V (111) construction with an automatic fire sprinkler system designed to meet NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height. Closets did not have sprinklers. The Touchmark at Harwood Groves basic care was located at the northwest corner of the first and second floors. Based on resident evaluation, a Slow level of evacuation difficulty was determined. E-Score was 2.86. Note: 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 Repsonse and Licensure

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

TITLE

(X6) DATE