

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

PRINTED: 03/25/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355037		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2025	
NAME OF PROVIDER OR SUPPLIER SMP HEALTH - ST ALOISIUS				STREET ADDRESS, CITY, STATE, ZIP CODE 325 E BREWSTER ST HARVEY, ND 58341			
(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 K6 PLAN APPROVAL: 1974 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: Unit #A, a one (1) story, 1974 with full basement, Type II (222), noncombustible construction, with a total of six (6) smoke compartments and a complete automatic (wet) sprinkler system. Unit #B a new addition, with partial basement, 1976 Type II (222), noncombustible construction. A Comparative Federal Monitoring Survey was conducted on 4/8/25, following a State Agency Annual Survey on 3/18/25, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, SMP Health - St. Aloisius was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).			K 000			
K 343 SS=F	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant			K 343			

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

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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 343	Continued From page 1 notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to ensure the fire alarm notified emergency forces automatically in accordance with the code. The deficient practice affected six (6) of six (6) smoke compartments, staff, and all residents. The facility had a capacity for 70 beds with a census of 60 on the day of the survey. The findings include: Records review, on 4/8/25, at 9:35 a.m., of the fire drills for the 12-month period prior to the survey revealed the facility was calling 911 every time they set the fire alarm off. Record review, on 4/8/25, at 9:40 a.m., of the fire alarm inspection reports for the 12-month period prior to the survey revealed they didn't indicate if the fire alarm system provided automatic emergency forces notification, as required by section 9.6.4.2 of NFPA 101, Life Safety Code. An interview with the Plant Manager, on 4/8/25, at 9:43 a.m., revealed the facility had to call 911 whenever the fire alarm went off because the fire alarm did not have any offsite monitoring to ensure automatic emergency forces notification. The facility had discussed with the state survey	K 343			

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K 343	Continued From page 2 agency about automatic emergency forces notification, but had not implemented it with the local 911 center. The facility was not aware of any other options for emergency forces notification like offsite monitoring. On 4/8/25, at 9:49 a.m., the Plant Manager called the fire department and confirmed that they were not receiving any signals automatically from the facility. Observations, on 4/8/25, at 1:30 p.m., during the building inspection tour revealed the fire alarm system was new and not original to the building. An interview with the Plant Manager, on 4/8/25, at 1:30 p.m., revealed facility staff were not aware of when the new fire alarm system had been installed. The census of 60 was verified by the Plant Manager on 4/8/25, at 9:30 a.m. The findings were acknowledged by the President/CEO and verified by the Plant Manager during the exit interview on 4/8/25, at 2:00 p.m. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.3.4.3.2 Emergency Forces Notification. 19.3.4.3.2.1 Emergency forces notification shall be accomplished in accordance with 9.6.4, except that the provision of 19.3.2.5.3(13)(d) shall be permitted to be used.. 9.6.4 Emergency Forces Notification. 9.6.4.1 Where required by another section of this Code, emergency forces notification shall be provided to alert the municipal fire department and fire brigade (if provided) of fire or other emergency.	K 343			

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K 343	Continued From page 3 9.6.4.2 Where fire department notification is required by another section of this Code, the fire alarm system shall be arranged to transmit the alarm automatically via any of the following means acceptable to the authority having jurisdiction and shall be in accordance with NFPA 72, National Fire Alarm and Signaling Code: (1) Auxiliary fire alarm system (2) Central station fire alarm system (3) Proprietary supervising station fire alarm system (4) Remote supervising station fire alarm system 9.6.4.3 For existing installations where none of the means of notification specified in 9.6.4.2(1) through (4) are available, an approved plan for notification of the municipal fire department shall be permitted.	K 343			

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E 000	Initial Comments K6 PLAN APPROVAL: 1974 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: Unit #A, a one (1) story, 1974 with full basement, Type II (222), noncombustible construction, with a total of six (6) smoke compartments and a complete automatic (wet) sprinkler system. Unit #B a new addition, with partial basement, 1976 Type II (222), noncombustible construction. A Comparative Federal Monitoring Survey was conducted on 4/8/25, following a State Agency Annual Survey on 3/18/25, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey SMP Health - St. Aloisius was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.			E 000			
E9999	Final Observations SMP Health - St. Aloisius was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness).			E9999			

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