

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

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>355037</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>02 - MAIN BUILD...</b><br><br>B. WING                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>05/18/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SMP HEALTH - ST ALOISIUS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>325 E BREWSTER ST , HARVEY, North Dakota, 58341</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  | ID<br>PREFIX<br>TAG                                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| K0000<br>Bldg. 02                                                   | <p>INITIAL COMMENTS</p> <p>This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b).</p> <p>The facility was located in a one-story building of Type II (000) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>The SMP Health - St Aloisius Hospital was attached to the nursing facility with two-hour fire-rated barriers at the west and south side of Unit A and at the north side of Unit B.</p> <p>An independent living unit was attached to the southeast side of Unit B and was separated from the nursing facility by an occupancy separation wall having a two-hour fire resistance rating.</p> <p>The partial basement of Unit B was separated from the main floor with a two-hour floor/ceiling assembly and two-hour rated vertical shafts.</p> <p>Note:</p> <p>Observation and records review determined the facility to be in compliance with the minimum requirements of the 2012 Life Safety Code and the 2012 Health Care Facilities Code.</p> |                                                                            |  | K0000                                                                                               |                                                                                                                          |                                                     |                            |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE |  | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>SMP HEALTH - ST ALOISIUS |                                                                                                                                                                                                         |                                                                     |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>325 E BREWSTER ST , HARVEY, North Dakota, 58341 |                                                                                                                          |                                              |                            |
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| E0000                                                        | Initial Comments<br><br>A recertification survey conducted on 05/18/2026 found SMP Health - St Aloisius in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. |                                                                     |  | E0000                                                                                        |                                                                                                                          |                                              |                            |

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