North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8216	A. BUILDING: 01 - EDGEWOOD LAKEWOOD MANDAN B. WING _____	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD LAKEWOOD MANDAN	4401 21ST ST SE MANDAN, ND 58554

(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 findings that follow demonstrate noncompliance with these standards. The facility was located in a two-story building of Type V (111) construction that was protected by an automatic 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. An assisted living building was attached to the west side of the basic care building. The assisted living was surveyed in addition to the basic care due to the absence of a one-hour fire rated separation between the basic care and the assisted living unit. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 3.3.	K 000	**K244** **Corrective action for residents potentially affected by the deficient practice** All residents had the potential to be affected, as their safety depends on staff readiness during a fire. Executive Director reviewed fire drill logs to verify that a fire drill on each shift has been performed since the missed fire drill and that the use of the fire alarm during the night shift drill is included. **Measures to identify other residents or locations at risk** To confirm no other drills were missing and that the fire alarm system is being utilized, the Executive Director audited all fire drill records since the purchase of the facility from February 2025 to December 2025. The audit was completed on 12/26/2025 The audit confirmed that fire drills had been missed specified to the month of June in the second quarter of 2025. The audit confirmed	
K 244	Emergency Egress and Relocation Drills Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. 33.7.3 This State Licensing Rule is not met as evidenced by: Fire drills must be held monthly with a minimum of twelve drills per year, alternating with all work shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an	K 244		

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K 244	Continued From page 1 assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill, including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification. 4.7.4, NDAC 33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The Night Shift fire drill conducted at 2:40 AM on 02/28/2025 did not include the use of the fire alarm. 2) The Night Shift fire drill conducted at 12:15 AM on 05/30/2025 did not include the use of the fire alarm. 3) No fire drill was conducted during the month of June in the past year. Failure to conduct fire drills as required increases the risk of injury and death. The deficiency affected three (3) of twelve (12) required fire drills in the past year.	K 244	that two-night shift fire drills had not used the fire alarm system during the drill. One during the first quarter and one during the 2nd quarter of 2025. All other fire drill requirements were met. **Systemic changes to prevent recurrence of the deficient practice** **Improved tracking:** The facility has digital and paper fire drill tracking system. The Executive Director and/or Maintenance Director will review monthly to ensure drills are being scheduled and conducted on all shifts to include the use of the fire alarm system. The digital fire drill tracking system creates the fire drill monthly schedule for a year in advance. On 12/23/2025 all department heads were re-educated on the North Dakota fire drill requirements, which include monthly drills alternating between all work shifts. The training included reviewing the facility's emergency plan. Executive Director/Department Heads and or Maintenance Director are now responsible for ensuring their staff completes fire drills during	

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K 256	AUTOMATIC SPRINKLERS Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 33.3.3.5.1.1, 33.3.3.5.1.2, and 33.3.3.5.1.3. 33.3.3.5.1 This State Licensing Rule is not met as evidenced by: 1) The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 33.2.3.5.3, 9.7.5 Record review and interview with staff determined: a) The monthly inspections of the automatic sprinkler system control valves and gauges were not completed during all months in the past year. b) The quarterly inspection of the automatic sprinkler system was not completed during the first quarter in the past year.	K 256	their assigned shifts and for documenting the drills correctly. **How corrective actions will be monitored** The Executive Director will review the completed fire drill logs monthly to ensure that all required drills have been performed and documented properly and report finding to the safety committee for 12 months. **Date of completion** All corrective actions will be completed by 12/26/2025. **K256** **Corrective action for residents potentially affected by the deficient practice** All residents had the potential to be affected, as their safety depends on reliable operation condition of the automatic sprinkler system and for sprinkler coverage. Executive Director reviewed automatic sprinkler system documentation to verify that a monthly inspection of the automatic sprinkler system control valves and gauges and the quarterly inspection of the automatic sprinkler system was completed on 12/26/2025.	

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K 256	Continued From page 3 Failure to inspect and test the automatic sprinkler system in accordance with NFPA 25 increases the risk of injury or death due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility. 2) Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7. 33.3.3.5.1 The facility failed to install the automatic sprinkler system in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height to provide adequate coverage for all required portions of the building. Observation determined the Laundry Mechanical Room on the 2nd floor of the Assisted Living Wing had no sprinkler coverage. Failure to install and maintain the automatic sprinkler system in accordance with NFPA 13R increases the risk of injury and death due to fire. The deficiency affected one (1) of numerous areas in the facility.	K 256	Executive Director reviewed automatic sprinkler system documentation to verify reviewed location of the automatic sprinkler system coverage and verified that no automatic sprinkler is in the 2nd floor assisted living wing laundry/mechanical room and was completed on 12/26/2025. **Measures to identify other residents or locations at risk** To confirm that no other monthly inspections of the automatic sprinkler system control valves and gauges and no other quarterly inspection of the automatic sprinkler system were missed, the Executive Director audited all monthly and quarterly inspections of the automatic sprinkler system and the control valves and gauges since the purchase of the facility from February 2025 to December 2025. The audit was completed on 12/26/2025. The audit confirmed that monthly inspections of the automatic sprinkler system control valves and gauges were not completed in the last year and the quarterly inspection of the automatic sprinkler system was not completed during the first quarter in the past year. All other automatic sprinkler system requirements were met.	
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies:	K2130		

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K2130	Continued From page 4 This State Licensing Rule is not met as evidenced by: Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction. 4.6.12.3, 4.6.12.4 Testing of emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. (2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the tests. (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Records review determined monthly testing of the battery-powered emergency lighting system was	K2130	To confirm that no other automatic sprinklers are missing, the Executive Director audited all automatic sprinkler systems placement for required sprinkler coverage areas. The audit was completed on 12/26/2025. The audit confirmed that a sprinkler was missing from the 2nd floor Assisted Living Laundry room. All other automatic sprinkler system requirements were met. **Systemic changes to prevent recurrence of the deficient practice** **Improved tracking:** The facility has digital and paper automatic sprinkler system. The Executive Director and/or Maintenance Director will review monthly to ensure automatic fire sprinkler inspections are scheduled and conducted monthly and quarterly. The digital automatic sprinkler system inspections tracking system creates the automatic sprinkler system inspections are scheduled for a year in advance. The Executive Director and/or Maintenance Director will review annually to ensure automatic	

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K2130	Continued From page 5 not documented for February and May 2025. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K2130	sprinkler systems are in place to have sprinkler coverage. On 12/23/2025 all department heads were re-educated on the North Dakota automatic sprinkler system inspection requirements, which include monthly and quarterly inspections and adequate sprinkler coverage. The training included reviewing the facility's emergency plan. Executive Director/Department Heads and or Maintenance Director are now responsible for ensuring the automatic sprinkler system inspections are completed and documented and adequate sprinkler coverage. **How corrective actions will be monitored** The Executive Director will review the completed monthly and quarterly automatic sprinkler system inspections monthly to ensure that all required inspections have been performed and documented properly and will review the sprinkler placement annually for adequate coverage and report finding to the safety committee for 12 months. **Date of completion** All corrective actions will be completed by 12/26/2025	

K2130

Corrective action for residents potentially affected by the deficient practice

All residents had the potential to be affected, as their safety depends on adequate emergency lighting in the event of a failure of normal lighting.

Executive Director reviewed emergency lighting logs to verify that a 90-minute emergency lighting test had been completed since the two missed emergency lighting tests had been missed.

Measures to identify other residents or locations at risk

To confirm no other emergency lighting tests were missed, the Executive Director audited all 90-minute emergency lighting tests since the purchase of the facility February 2025 to December 2025.

The audit was completed on 12/26/2025.

The audit confirmed that two 90-minute emergency lights tests had been missed, one in February 2025 and one in May 2025. All other 90-minute emergency lighting tests requirements were met.

Systemic changes to prevent recurrence of the deficient practice

Improved tracking:

The facility has digital and paper emergency lighting tracking system. The Executive Director and/or Maintenance Director will review monthly to ensure 90 minute emergency lighting tests are being scheduled and conducted on all shifts to include the use of the fire alarm system.

The digital fire drill tracking system creates the fire drill monthly schedule for a year in advance.

On 12/23/2025 all department heads were re-educated on the North Dakota fire drill requirements, which include monthly drills alternating between all work shifts. The training included reviewing the facility's emergency plan.

Executive Director/Department Heads and or Maintenance Director are now responsible for ensuring their staff completes fire drills during their assigned shifts and for documenting the drills correctly.

How corrective actions will be monitored

The Executive Director will review the completed fire drill logs monthly to ensure that all required

drills have been performed and documented properly and report finding to the safety committee for 12 months.

Date of completion

All corrective actions will be completed by 12/26/2025.


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