Received 01/23/2026

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
	8099	A. BUILDING: 01 - BACIC CARE B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MANDAN, LLC	2801 39TH AVE 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 requirements. The facility was located in the Northeast and Northwest Wings of a two-story structure of Type V (111) construction protected throughout with a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. The basic care building was separated from an independent living apartment building to the south by a 2-hour fire resistant rated occupancy separation wall. Resident evaluation determined a Impractical level of evacuation difficulty. The E-Score was 5.45.	K 000		
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: This State Licensing Rule is not met as evidenced by: 1) The basic care facility shall comply with the National Fire Protection Association Life Safety Code, 2012 edition, Chapter 33 Existing Residential Board and Care Occupancies, slow evacuation capability, or a greater level of fire safety. NDAC 33-03-24.2-08.	K2130	See Attachment.	

Health Repsonse and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Josie Keeler	Executive Director	01/22/26

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K2130	Continued From page 1 The facility failed to ensure that a maximum evacuation capability of Slow was maintained. Review of records determined the facility scored an evacuation capability of Impractical. Failure to ensure a maximum evacuation capability of Slow increases the risk of injury and death due to fire. The deficiency affected the evacuation capability of the entire facility. 2) Emergency lighting in accordance with Section 7.9 shall be provided in facilities with prompt or slow evacuation capability having 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 Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the	K2130		

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K2130	Continued From page 2 manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generator was in compliance with NFPA 110. Review of generator test records did not indicate that the minimum exhaust temperature provided by the manufacturer was achieved or that the monthly exercise of the diesel generator loaded the generator to at least 30 percent (27 kW) of the nameplate rating. The nameplate rating of the generator was 90 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30 percent of nameplate rating or manufacturer's recommended temperature is achieved during the required monthly exercises. Failure to inspect and maintain emergency generators in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1)	K2130		

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K2130	Continued From page 3 emergency generator which provides all emergency power to the facility.	K2130		

January 22, 2026

North Dakota Department of Health and Human Services
Health Response and Licensure
1720 Burlington Dr., Suite A
Bismarck, ND 58504

To whom it may concern,

Please see below for the Plan of Correction (POC) regarding the Life Safety Audit that was completed on January 13, 2026.

Deficiency: K000 – General Life Safety Code Noncompliance
The facility was cited for noncompliance with the 2012 edition of NFPA 101, Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, as adopted by NDAC 33-03-24.2. Resident evaluation determined an evacuation capability of Impractical (E-Score 5.45).

The facility conducted a comprehensive review of resident evacuation capabilities using the approved evacuation scoring tool. Interdisciplinary assessments were completed for all residents to identify functional limitations impacting evacuation. Immediate corrective actions were implemented, including care plan updates, staffing adjustments, and assignment of evacuation assistance roles to ensure safe and timely evacuation.

Until corrective actions were fully implemented, additional staff were scheduled on all shifts to provide increased assistance during emergencies. Staff were re-educated on emergency procedures, resident evacuation priorities, and use of evacuation equipment. Fire watch procedures were reinforced as necessary to ensure resident safety.

The facility implemented a standardized process to ensure evacuation capability remains at Slow or better, including:

- Quarterly evacuation capability assessments
- Immediate reassessment upon admission, significant change in condition, or increase in resident acuity
- Admission screening to ensure residents can be safely served within the facility's evacuation capability
- Ongoing staff education on evacuation procedures and resident assistance needs

The Executive Director and the Clinical Services Director will review evacuation capability scores quarterly and during Quality Assurance and Performance Improvement (QAPI) meetings. Any score trending toward Impractical will trigger immediate corrective action.

These corrections will be completed by March 1, 2026.

Deficiency: K2130 – Other Life Safety Code Deficiencies
The facility failed to maintain a maximum evacuation capability of Slow, as required by NDAC 33-03-24.2-08, and failed to ensure the emergency generator was inspected, tested, and maintained in compliance with NFPA 110. Generator testing records did not demonstrate required loading percentages, exhaust temperature requirements, or annual supplemental load testing.

The facility immediately contracted with a qualified generator service provider to evaluate the emergency generator system. Generator testing was brought into compliance with NFPA 110 requirements, including verification of load percentages and exhaust temperature documentation. Emergency lighting systems were reviewed to ensure proper connection to emergency power.

While corrective actions were being implemented, the facility ensured emergency lighting systems were functional and maintained heightened monitoring during power interruptions. Staff were re-educated on emergency response procedures, and contingency plans were reviewed to protect residents in the event of generator failure.

The facility established a written emergency generator maintenance and testing program that includes:

- Weekly inspections
- Monthly generator exercises under load meeting at least 30% of nameplate rating or manufacturer-recommended exhaust temperature
- Annual supplemental load testing when required
- Documentation of all testing, load levels, and temperatures
- Ongoing review of evacuation capability to ensure it remains slow or better

A service agreement with a qualified vendor is maintained to ensure NFPA 110 compliance.

The Maintenance Director will review generator logs monthly. The Executive Director will review generator compliance and evacuation capability status during QAPI meetings. Any deficiencies identified will be corrected immediately.

These corrections will be completed by March 1, 2026.