

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BASIC CARE B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2021
NAME OF PROVIDER OR SUPPLIER EDGEWOOD MANDAN, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Slow level of evacuation difficulty. The E-Score was 3.54.	K 000		
K 317	Building Services Utilities shall comply with the provisions of Section 9.1. 33.3.6.1 This state licensing rule is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault	K 317		

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6880

PBW021

If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BACIC CARE B. WING _____		(X3) DATE SURVEY COMPLETED 05/04/2021
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K 317	Continued From page 1 circuit-interrupter shall be installed in a readily accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 32.3.6.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined one (1) electrical receptacle in the Heart River Laundry Room within 6 ft. of a sink was not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected one (1) of numerous receptacles in the facility.	K 317	One outlet receptacle located in the Laundry room off the Heart River Room will be replaced using a Ground fault circuit interrupter Receptacle type. Work will be completed by June 18, 2021		
K2130	Other LSC Deficiencies Other Life Safety Code deficiencies: 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	K2130			

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K2130	Continued From page 2 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 Fire-rated doors shall not be held open by devices other than those that release when the door is pushed or pulled. The facility failed to ensure there were no impediments to the closing of fire-rated doors. Observation determined the following fire-rated doors were held in the open position with a rubber wedge that required a manual releasing action to close: 1) The corridor door to the Cottonwood Court Nurses Station. 2) The corridor door to the Maple Lane Clinical Services Office. 3) The corridor door to the Birch Lane Scheduling Office. 4) The corridor door to the Birch Lane Dining Services Office. 5) The corridor door to the Birch Lane Laundry Room. Failure to ensure there were no impediments to the closing of fire-rated doors increases the risk of death or injury due to fire. The deficiency affected five (5) of numerous fire-rated doors in the facility.	K2130	Surveyor suggested and approved wall mount magnet type door holders will be installed on (5) DOORS identified. work to be completed by June 18, 2021 Wood wedges will be removed from Locations, area will be monitored for continued code Compliance by management staff	