

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAPLE VIEW GRAND FORKS MEMORY CARE COMMUNITY B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER MAPLE VIEW GRAND FORKS MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4650 S WASHINGTON ST GRAND FORKS, ND 58201		
(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 facility was located in a one-story building of Type V (000) construction. The building was protected with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 2.0. At the conclusion of the LSC survey, it was determined the facility was in compliance with the standards.	K 000			

Health Repsonse and Licensure

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

TITLE

(X6) DATE