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
	8032	A. BUILDING: **02 - MAIN** B. WING _____	**10/21/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HI SOARING EAGLE RANCH	**3731 117TH R AVE SE** **VALLEY CITY, ND 58072**

(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 (Small), in compliance with NDAC 33-03-24.2. The facility was located in a one-story building of Type V (000) construction with a partial basement. The building was protected by an automatic sprinkler system designed to meet the requirements of NFPA 13D, Standard for the Installation of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes. Resident evaluation determined a Prompt level of evacuation difficulty. The E-Score was 1.00. Note: Review of records and observations made during the survey determined the facility was in compliance with the 2012 edition of NFPA 101, Life Safety Code.	K 000		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE