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
	8033	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEACH HOME	714 N 4TH ST WAHPETON, ND 58075

(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 The 2012 edition of NFPA 101, Life Safety Code, Chapter 33-Existing Residential Board and Care Occupancies (Large), was used for this survey in compliance with North Dakota Administrative Code Chapter 33-03-24.2. The findings that follow demonstrate noncompliance with these requirements. The facility was located in a one-story building of Type II (000) construction with no basement. The building had no automatic fire sprinkler system. Resident evaluation determined a Prompt level of evacuation difficulty. The E-Score was 0.95. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 06/27/2023 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 212 Building Construction Type.	K 000		
K 212	BUILDING CONSTRUCTION Minimum Construction Requirements. Large facilities shall be limited to the building construction types specified in Table 33.3.1.3. (See 8.2.1.) 33.3.1.3 This State Licensing Rule is not met as	K 212		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Courandra Miller RN Admin TITLE 2/9/26 (X6) DATE

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K 212	Continued From page 1 evidenced by: Buildings of this construction are required to have automatic sprinklers installed throughout. 33.3.1.3, Table 33.3.1.3 The facility failed to ensure the building met the minimum type of construction. Observation determined the structural elements of the building were not protected with a one-hour fire resistance rating or fully sheathed as required for a one-story Residential Board and Care Occupancy. The building was one-story of Type II (000) construction with no automatic fire sprinkler system. Failure to ensure the appropriate type of building construction increases the risk of injury and death by fire. The deficiency affected all areas of the building.	K 212	N/A	
K 321	Inspection of Door Openings Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.7.7 This State Licensing Rule is not met as evidenced by: Door assemblies for which the door leaf is	K 321		

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K 321	Continued From page 2 required to swing in the direction of egress travel shall be inspected and tested not less than annually. 33.7.7, 7.2.1.15 The facility failed to inspect and test door assemblies as required. Review of records and interview of staff determined no record was available indicating annual door inspections were completed in the past year. Failure to inspect and test door assemblies in the means of egress increases the risk of death or injury due to fire. This deficiency affected all door assemblies required to swing in the direction of egress throughout the facility.	K 321	Yearly review, starting in January 2026 of all door assemblies in facility to swing in direction of egress throughout the facility. Maintenance to complete annually and document.	