

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355124	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SHEYENNE CROSSINGS CARE CENTER TCU B. WING _____		(X3) DATE SURVEY COMPLETED 08/06/2019
NAME OF PROVIDER OR SUPPLIER EVENTIDE AT SHEYENNE CROSSINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 125 13TH AVENUE WEST WEST FARGO, ND 58078		
(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) COMPLETION DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The facility was located in two buildings that were separated by a two-hour fire resistive construction barrier. The building that houses the residents and the administration staff was a one-story building of Type V (111) construction. The other building housing the building services and Chapel was a two-story building of Type II (111) construction. A two-story apartment/basic care building was connected to the northwest corner of the two-story building with a two-hour fire resistive occupancy separation. The buildings were equipped with a wet and dry automatic sprinkler system with quick response sprinklers designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Observation and records review determined the facility to be in compliance with the minimum requirements of the 2012 Life Safety Code and NFPA 99.	K 000			

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

TITLE

(X6) DATE

Electronically Signed

09/05/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.