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
	8201	A. BUILDING: 01 - NEW PERSPECTIVE B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE - WEST FARGO	645 33RD AVENUE EAST 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) COMPLETE DATE
K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 32 New 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 on the first floor of a three-story structure of Type V (111) construction. The buildings were protected throughout by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. A two-hour horizontal occupancy separation at the floor/ceiling assemblies and a two-hour occupancy separation wall at the west side separated the basic care building from the attached assisted living building. Resident evaluation determined an slow level of evacuation difficulty. The E Score was 4.025.	K 000	See Attachment.	
K 238	EXIT SYSTEM Means of egress from resident rooms and resident dwelling units to the outside of the building shall be in accordance with Chapter 7 and this chapter. 33.3.2.1.1	K 238		

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

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K 238	Continued From page 1 This State Licensing Rule is not met as evidenced by: Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria: 1) Facilities having an impractical evacuation capability. 2) Facilities having a prompt or slow evacuation capability with more than 25 rooms, unless each room has a direct exit to the outside of the building at the finished ground level. 32.3.2.9 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 7.9.2.4. The emergency generator provided all emergency lighting throughout the facility. Review of documentation and interview with staff determined documentation was not available to verify the emergency generator had been tested as required. No records were available verifying weekly, monthly, annual, or any testing had been done on the emergency generator. Failure to test the emergency generator providing emergency lighting to the facility increases the risk of injury or death due to fire. This deficiency affected one (1) of one (1) emergency generators in the facility.	K 238		
K 244	Emergency Egress and Relocation Drills	K 244		

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K 244	Continued From page 2 Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. 33.7.3 This State Licensing Rule is not met as evidenced by: Fire drills must be held monthly with a minimum of twelve drills per year, alternating with all work shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill, including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification. 4.7.4, NDAC 33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No documentation was available to verify a fire drill was conducted on the second or third shift	K 244		

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K 244	Continued From page 3 during the first quarter in 2025. 2) No documentation was available to verify whether a fire drill was conducted on the first, second, or third shift during the second quarter of 2025. 3) No documentation was available to verify whether a fire drill was conducted on the second shift during the third quarter of 2025. 4) No documentation was available to verify whether a fire drill was conducted on the first shift during the fourth quarter of the past year. 5) No fire drill was conducted where all residents and staff evacuated the building in the past year. Failure to conduct fire drills as required increases the risk of injury and death. The deficiency affected seven (7) of twelve (12) required fire drills in the past year.	K 244		
K 251	MANUAL FIRE ALARM General. A fire alarm system in accordance with Section 9.6 shall be provided, unless all of the following conditions are met: (1) The facility has an evacuation capability of prompt or slow. (2) Each sleeping room has exterior exit access in accordance with 7.5.3. (3) The building does not exceed three stories in height. 33.3.3.4.1	K 251		

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K 251	Continued From page 4 This State Licensing Rule is not met as evidenced by: A fire alarm system in accordance with section 9.6 shall be provided. 32.3.3.4.1. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm and Signaling Code. 9.6.1.3. 2010 NFPA 72, 14.1.1 The facility failed to test the fire alarm system as required. Fire alarm system batteries shall be subjected to a load voltage test semiannually. NFPA 72, 14.4.2.2, Table 14.4.2.2 item 5(e). Review of fire alarm system test records indicated the semiannual load voltage tests of the sealed lead acid batteries were not performed as required. A load voltage test of the fire alarm system batteries was done during the annual inspection by an outside company on 08/07/2025. Records did not indicate any other load voltage test on the fire alarm system batteries in the past year. Failure to install, test and maintain the fire alarm system in accordance with NFPA 72 increases the risk of death or injury due to fire. This deficiency affected one (1) of two (2) required load voltage tests of the fire alarm batteries in the past year. The fire alarm system	K 251		

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K 251	Continued From page 5 serves the entire facility.	K 251		

Plan of Correction – New Perspective West Fargo

Survey Date: November 3, 2025

Administrator: Paul Erdmann

Due Date for PoC: November 15, 2025

K-238: Emergency Generator Testing

Deficiency: Emergency generator test not documented or performed according to required frequency (weekly, monthly, and annual load testing).

1. Corrective Action:
The Environmental Services Director has ensured that the emergency generator testing schedule complies with NFPA 110 standards. Weekly operational tests under load and monthly inspections are now being completed and documented. The annual load bank test is scheduled and will be completed by December 15, 2025.

2. Facility-Wide Identification:
A review of all testing and maintenance logs for emergency power systems was conducted to ensure that all generator documentation is accurate and up to date.

3. Systemic Changes / Prevention:
A permanent Preventive Maintenance Log has been implemented within our electronic maintenance tracking system to provide automatic reminders and required documentation for all generator testing intervals (weekly, monthly, annual).

4. Monitoring:
The Environmental Services Director will review and initial the generator testing log each week. The Executive Director will verify compliance monthly as part of routine Life Safety audits.

Completion Date: December 15, 2025

K-244: Fire Drills

Deficiency: Fire drills not conducted during all required shifts each quarter. No full evacuation fire drill completed annually with staff and residents.

1. Corrective Action:
Fire drills have been scheduled to cover all shifts for the remainder of 2025 and the entirety of 2026, ensuring compliance with NFPA 101 and state requirements. A full evacuation drill for staff and residents has been scheduled.

2. Facility-Wide Identification:
All fire drill records from the past year were reviewed to identify and correct missed shifts or incomplete documentation.

3. Systemic Changes / Prevention:
A Fire Drill Calendar has been implemented to automatically rotate drill times between all three shifts each quarter. The Environmental Services Director and Executive Director will coordinate to ensure participation of both staff and residents in at least one full evacuation annually. Staff and residents will sign a form proving participation in the evacuation.

4. Monitoring:
The Executive Director will review and sign off on all completed fire drill reports quarterly to verify compliance. Compliance will be tracked via a TELS and discussed at monthly Safety Committee meetings.

Completion Date: December 10, 2025

K-251: Battery Load Voltage Testing

Deficiency: Load voltage test for sealed batteries completed only once in 2025. Testing must occur at least twice per year.

1. Corrective Action:
Load voltage tests for all emergency lighting batteries will be performed again by December 1, 2025, ensuring two documented tests within the calendar year.

2. Facility-Wide Identification:
The Environmental Services Director reviewed all emergency lighting systems throughout the building to confirm batteries are functioning and records are complete.

3. Systemic Changes / Prevention:
Battery testing has been added to the semiannual preventive maintenance schedule within the electronic tracking system as well as our safety audit tool monthly to ensure testing occurs every six months.

4. Monitoring:
The Environmental Services Director will ensure documentation of battery testing is maintained and reviewed biannually. The Executive Director will verify during quarterly Life Safety inspections, as well as during weekly 1:1 meetings with Environmental Services Director, to ensure that records are up to date.

Completion Date: December 1, 2025

Administrator Signature: 

Date: 11-14-25