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FORM APPROVED

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
	8100	A. BUILDING: 02 - MAIN B. WING _____	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS - PRAIRIE SQUARE	225 13TH AVE W 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 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these standards. Sheyenne Crossings Basic Care was located on the first floor of a three-story assisted living building. The building was of Type V (111) construction and was protected throughout with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Based on resident evaluation, a Slow level of evacuation difficulty was determined. E-Score was 2.975.	K 000		
K 244	Emergency Egress and Relocation Drills 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.	K 244		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 3/17/26

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K 244	Continued From page 1 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 a fire drill was not conducted on the third shift during the first quarter in the past 12 months. Failure to conduct fire drills as required increases the risk of injury and death. The deficiency affected one (1) of twelve (12) drills in the past year.	K 244		

K 244

1. Fire drills have been scheduled monthly to ensure that one drill per shift is conducted each quarter, in accordance with regulation.
2. Eventide Sheyenne Crossings recognizes that all residents and staff residing at Eventide could be affected by this deficient practice.
3. Education will be provided to the Facility Director and team on fire drill requirements. The Facility Director will create and maintain a schedule to ensure fire drills are conducted on all three shifts each quarter.
4. The Facility Director will present the fire drill schedule and drill results at the monthly safety meeting for review.
5. 3/20/2026