

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 04/06/2021
NAME OF PROVIDER OR SUPPLIER SHEYENNE CROSSINGS - PRAIRIE SQUARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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. 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 is 2.7. At the conclusion of the LSC survey, it was determined the facility was in compliance with the standards.	K 000			

Health Resources Section

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

TITLE

(X6) DATE