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**<br>B. WING _____ | **11/13/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SHEYENNE CROSSINGS - PRAIRIE SQUARE** | **225 13TH AVE W**<br>**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<br><br>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.<br><br>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.<br><br>Based on resident evaluation, a Slow level of evacuation difficulty was determined. E-Score is 2.35. | K 000 | The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.<br>To remain in compliance with all federal and state regulations, the facility has taken or is planning to take actions set forth in the following plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.<br><br>1. The facility failed to conduct the October (monthly) test of the emergency generator. | |
| K2130 | Other LSC Deficiencies<br><br>Other Life Safety Code deficiencies:<br><br>This State Licensing Rule is not met as evidenced by:<br>Emergency lighting in accordance with Section 7.9 shall be provided in all facilities meeting any of the following criteria:<br><br>(a) Facilities having an impractical evacuation capability.<br><br>(b) Facilities having a prompt or slow evacuation capability with more than 25 rooms, unless each | K2130 | 2. No other areas of the facility are affected.<br><br>3. A recurring work order will be generated monthly to ensure the monthly testing of the emergency generator is performed by the Director of Facilities/designee.<br><br>4. The emergency generator monthly test documentation will be submitted to the Quality Assurance (QA) Committee for review to ensure compliance monthly for 6 months. | 11/22/23 |

Health Repsonse and Licensure

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | Executive Director | 11/22/23 |

| 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**<br>B. WING _____ | **11/13/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SHEYENNE CROSSINGS - PRAIRIE SQUARE** | **225 13TH AVE W**<br>**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 |
|---|---|---|---|---|
| K2130 | Continued From page 1<br>room has a direct exit to the outside of the building at the finished ground level. 33.3.2.9<br><br>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<br><br>The facility failed to ensure the emergency generator was in compliance with NFPA 110.<br><br>Record review and interview with staff determined no monthly test of the emergency generator was conducted during October 2023.<br><br>Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire.<br><br>The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility. | K2130 | | |