

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  8098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/10/2019
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NAME OF PROVIDER OR SUPPLIER  FARGO MAPLE VIEW, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4552 36TH AVE S FARGO, ND 58104
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(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
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B 000	<p><b>INITIAL COMMENTS</b></p> <p>For the unannounced licensure survey started on July 9, 2019 and completed on July 10, 2019, the sample included 10 residents for complete review and 2 closed records for review. In addition, the sample included 2 supplemental residents to verify specific concerns during the survey.</p> <p>Fargo Maple View is in substantial compliance with the requirements of North Dakota Administrative Code Chapter 33-03-24.1 "Licensing Rules for Basic Care Facilities in North Dakota."</p>	B 000		
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Health Resources Section LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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