RECEIVED
NOV 25 2025
BY:

PRINTED:
10/29/2025 FORM
APPROVED

North Dakota Health and Human Services

STATEMENT OF DEFICIENCEES AND PLAN OF CORRECTION	(XI) PROVIDERISUPPLIER/CLIA IDENTIFICATION NUMBER:	()Q) MULTIPLE CONSTRUCTION	0(3) DATE SURVEY COMPLETED
	8016	A BUILDING: 01 - MAIN BUILDING 01 B. WING	1012712025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS. CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

PREFIX TAG	SUMN%ARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

K	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 requirements. The facility was located in a three-story building of Type II (111) fully sheathed construction, protected throughout with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. A two-hour fire resistance rated barrier provided an occupancy separation to an apartment building that was attached to the north side of the basic care building. Resident evaluation determined a Prompt level of evacuation dificulty. The E Score was 1.2. Emergency Egress and Relocation Drills Emergency Egress and Relocation Drills. Emergency egress and relocaton 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: 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	K 000 K 244	**Plan of Correction** **Immediate Corrective Action:** Upon identification of the deficiency, a **third-shift fire drill** will be promptly conducted in accordance with NFPA 101 and NDAC 33-03-24.2-08. Documentation for this drill will include all required information: date, time, duration, participants, absentees with reasons, escape path used, and simulation of a call to the fire department. **Systemic Correction / Preventive Measures:** A **comprehensive Fire Drill Schedule** has been developed to ensure that all three shifts conduct a documented fire drill each quarter. • The Director of Facilities will coordinate and oversee drill completion.	12/15/25

			• Maintenance and supervisory staff responsible for drills have been re-educated on required documentation elements. • A **Fire Drill Log** binder specific to the Basic Care unit will be maintained, with completed records reviewed and signed by the Administrator each quarter. • All new residents continue to receive an individual fire-drill walk-through within five days of admission. **Monitoring:** The Director of Facilities will review the fire drill schedule monthly to confirm completion of required drills. The Administrator will verify documentation accuracy and completeness during quarterly safety meetings. Any missed or incomplete drills will be addressed immediately with follow-up education.	12/15/25

Health Repsonse and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (XO) DATE

Administrator 11/21/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8016	A BUILDING: 01 • MAIN BUILDING 01 B. WING	1012712025

North Dakota Health and Human Services

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY. STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
K 244	Continued From page 1 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, NDAC33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No documentation was available indicating a fire drill was held on the third shift during the first quarter of 2025. 2) No documentation was available indicating a fire drill was held on the third shift during the fourth quarter in the past year. Failure to conduct fire drills as required increases the risk of injury and death.	K 244		12/15/25
K 251	The deficiency affected two (2) of twelve (12) drills in the past year. MANUAL FIRE ALARM General. Afire 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.	K 251	**Plan of Correction** **Immediate Corrective Action:** Upon identification of the deficiency, the Director of Facilities will complete the **semiannual load voltage test** on the fire alarm system batteries. The test will be completed, and documentation will be filed in the Life Safety compliance binder.	12/15/25

Health Repsonse and Licensure
STATE FORM ESKF21 11/21/25 If continuation sheet 4 of 8

	(3) The building does not exceed three stories in		**Systemic Correction / Preventive Measures:** A **Fire Alarm Testing Schedule** has been developed to ensure semiannual battery load voltage tests are completed and documented every six months, in addition to the annual inspection. The schedule has been incorporated into the facility's preventive maintenance system. The Director of Facilities and the Administrator will both review the fire alarm inspection log semiannually to verify testing has been completed and properly recorded. **Monitoring:** The Director of Facilities (Jasen Barclay) will maintain documentation of all fire alarm inspections and tests. Compliance will be verified during quarterly safety meetings and reviewed annually during Life Safety Code audits. Any missed test will be immediately rescheduled, and the Administrator will be notified.	12/15/25

6899

STATEMENT OF DEFICtENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED
	8016	A BUILDING: 01 - MAIN BUILDING 01 B. WING	1012712025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, cry, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

North Dakota Health and Human Services

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
K 251	Continued From page 2 height. 33.3.3.4. I This State Licensing Rule is not met as evidenced by: A fire alarm system in accordance with section 9.6 shall be provided. 33.3.3.4.1. 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 NFPA72, 14.1.1 The facility failed to test the fire alarm system as required. Fire alarm system bateries 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 10/09/2025. Records did not indicate any other toad 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.	K 251		11/15/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()Q) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A BUILDING: 01 - MAIN BUILDING 01 B. WING	

North Dakota Health and Human Services

	8016		0127

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

K 251	Continued From page 3	K 251		12/15/25
K 256	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 serves the entire facjljty. AUTOMATIC SPRINKLERS Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 33.3.3.5.1.1, 33.3.3.5.1.2, and 33.3.3.5.1.3. 33.3.3.5.1 This State Licensing Rule is not met as evidenced by: Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with section 9.7. 33.3.3.5.1 Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 256	**Plan of Correction** **Immediate Corrective Action:** Upon identification of the deficiency, the Director of Facilities will conduct and complete a **complete quarterly flow test** to ensure full functionality of the sprinkler system. The inspection will completed and documentation filed in the facility's Life Safety Code compliance binder. **Systemic Correction / Preventive Measures:** A **Sprinkler System Testing Schedule** has been developed to ensure quarterly inspections and flow tests are completed as required by NFPA 25. The Director of Facilities maintains a preventive-maintenance calendar with reminders for each quarterly due date. A checklist verifying receipt and filing of these reports will be signed by both the Director of Facilities and the Administrator each quarter. **Monitoring:** The Director of Facilities (Jasen Barclay) will monitor compliance with the sprinkler inspection schedule monthly. The Administrator (Gary Simeone) will review all documentation during quarterly safety committee meetings. Any missed or delayed tests will be immediately	

Gary Simeone - Administrator 11/21/25

			rescheduled, and documentation of corrective action will be maintained for state review.	12/15/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	()Q) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8016	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	1012712025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST

North Dakota Health and Human Services

GRAND FORKS, ND 58203

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
K 256	Continued From page 4 maintenance, inspection and testing are maintained in a secure location and readily available. 9.7.5, 9.7.7, 9.7.8, NFPA25 5.3.3.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review determined documentation was not available indicating quarterly flow tests were not completed during the 1st, 2nd, and 4th quarters in the past year. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. This deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 256		12/15/25
K 321	Inspection of Door Openings Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.7.7 This State Licensing Rule is not met as evidenced by: Door assemblies for which the door leaf is	K 321	**Plan of Correction** **Immediate Corrective Action:** Upon identification of the deficiency, the Director of Facilities will complete a comprehensive inspection of all door assemblies required to swing in the direction of egress. Each door will be examined to verify: • Proper operation and full closure, • Positive latching (where required), • No damaged hardware or impediments to egress, and • Clear, unobstructed movement.	

Health Repsonse and Licensure
STATE FORM

Glory Lee - Administrator
ESKF21 11-21-25

			The inspection will be documented and filed in the Life Safety Code compliance binder. **Systemic Correction / Preventive Measures:** The facility has implemented an **Annual Door Assembly Inspection Program** in compliance with NFPA 101 § 7.2.1.15. • The Director of Facilities will complete and document annual door inspections using a standardized **Door Assembly Inspection Form**. • The inspection will include all doors in the means of egress and those required to swing in the direction of travel. • Results will be reviewed by the Administrator and maintained for a minimum of three years. • The inspection schedule has been added to the facility's preventive-maintenance calendar to ensure annual completion. **Monitoring:** The Director of Facilities (Jasen Barclay) will verify and document completion of annual door inspections each year and present findings during quarterly safety committee meetings. The Administrator (Gary Simeone) will review the documentation annually to ensure continued compliance with NFPA 101 requirements.	12/5/25

Gary Simeone - Administrator
11-21-25

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()Q) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8016	A. BUN-DING: 01 - MAIN BUILDING 01 B. WING	1012712025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS. CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

K 321	Continued From page 5 required to swing in the direction of egress travel shall be inspected and tested not less than annually. 33.7.7, 7.2.1.15 The facility failed to inspect and test door assemblies as required. Review of records and interview of staff determined no record was available indicating annual door inspections were completed in the past year. Failure to inspect and test door assemblies in the means of egress increases the risk of death or injury due to fire.	K 321		12/15/25
K2130	This deficiency affected all door assemblies required to swing in the direction of egress throughout the facility. Other LSC Deficiencies Other Life Safety Code deficiencies: This State Licensing Rule is not met as evidenced by: Emergency lighting in accordance with Section 7.9 shall be provided, 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	K2130	**Plan of Correction** **Immediate Corrective Action:** Upon identification of the deficiency, the Director of Facilities will do the following • Weekly visual checks, • Monthly operational testing, • Exercise under load for 30 minutes, • Verification of automatic transfer function, and • Documentation of results. The test will be completed. • Documentation of the inspection and load test will be filed in the Life Safety compliance binder. **Systemic Correction / Preventive Measures:** A **Generator Maintenance and Testing Program** has been established to ensure compliance with NFPA 110.	

Glen Lin - Administrator
11-21-25

			• The Director of Facilities will perform and document **weekly inspections** and **monthly load tests.** • Director of Facilities has been doing the service and testing but agrees the service should go through a contracted vendor will complete **annual maintenance,** including oil and filter changes and verification of transfer switch function, the documentation will be provided. • A **preventive-maintenance calendar** will be added to the facility's maintenance schedule with quarterly verification by the Administrator. • All generator inspection and testing records will be retained for **three years** and made available for regulatory review. **Monitoring:** The Director of Facilities (Jasen Barclay) will maintain written records of all generator inspections and load tests. These records will be reviewed quarterly during safety committee meetings. The Administrator (Gary Simeone) will verify compliance annually and sign off on the testing log. Any missed or delayed test will be immediately corrected and documented.	12/15/25

6899

Gary Simeone - Administrator
11-21-25

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED
	8016	A. BUILDING: 01 - MAIN BUILDING 01 B. WING_____	1012712025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

K2130	Continued From page 6 Systems. 7.9.2.4 Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 2040 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. NFPA 110 The facility failed to ensure the emergency generator was in compliance with NFPA 110. Record review and interview with staff determined documentation was not available indicating the emergency generator was inspected and tested in the past year. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K2130		12/15/25

- Administrator 11-21-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDERISUPPLIEPJCLIA IDENTIFICATION NUMBER:	()Q) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8016	A BUILDING: 01 - MAIN BUILDING 01 B. WING	1012712025

North Dakota Health and Human Services

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNES GUEST HOME	524 N 17TH ST GRAND FORKS, ND 58203

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE