STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355108	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/16/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - MARYHILL	**110 HILLCREST DR , ENDERLIN, North Dakota, 58027**

(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) COMPLETION DATE
K0000 Bldg. 01	INITIAL COMMENTS K 000 42 CFR 483.90(a) K6 PLAN APPROVAL: 1964 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 1964, Type V (000), unprotected combustible construction, with a total of three (3) smoke compartments. The facility was provided with a complete supervised automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 1/16/26, following a State Agency Annual Survey on 12/1/25, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring SMP Health - Maryhill was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.	K0000		
K0353 SS = F Bldg. 01	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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, maintenance, inspection and testing are maintained in a secure location and	K0353		02/03/2026

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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K0353 SS = F Bldg. 01	Continued from page 1 readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on record review, observation and interview, the facility failed to properly test or replace the gauges on the automatic sprinkler system. The deficient practice affected three (3) of three (3) smoke compartments, staff, and 41 residents. The facility had a capacity for 42 beds with a census of 42 on the day of the survey. Observation during a tour of the building, on 1/16/26, at 10:48 a.m., of the gauges on the sprinkler riser and fire pump revealed the five (5) had written dates of 6/3/20 and two (2) had written dates of 2018 on the sprinkler fire and pump gauges to indicate when the gauges were last replaced or calibrated. The sprinkler riser was tagged with a note “gauges need test or replace”. The gauges on the sprinkler system were overdue for replacement or calibration at intervals of every five (5) years, as required by sections 13.3.7.2 and 13.3.7.3 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. An interview, on 1/16/26, at 10:48 a.m., revealed the facility was not aware that gauges on the sprinkler system needed to be replaced or calibrated at intervals of every five (5) years and stated that the facility expected the vendor to correct deficiencies automatically after they found them. Records review of the facility's sprinkler system inspection reports, on 1/16/26, at 11:42 a.m., revealed in the 2/11/25, 5/10/25 and 8/11/25 quarterly inspection noted the last time the gauges had been replaced or calibrated was 6/3/20. The	K0353		02/03/2026

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K0353 SS = F Bldg. 01	Continued from page 2 annual sprinkler system report revealed on the last annual report, dated 11/11/25, the last time the gauges had been replaced or calibrated was 6/3/20. The census of 42 was verified by the Administrator on 1/16/26 at 9:04 a.m. The findings were acknowledged by Administrator and verified by Maintenance during the exit interview on 1/16/26 at 11:55 a.m. Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Actual NFPA Standard: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011) 4.3 Records. 4.3.1 * Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. 4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. 4.3.3 * Records shall be maintained by the property owner. 13.2.7 Gauges. 13.2.7.2 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. 13.2.7.3 Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.	K0353		02/03/2026

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E0000	Initial Comments E000 42 CFR 483.73 K6 PLAN APPROVAL: 1964 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 1964, Type V (000), unprotected combustible construction, with a total of three (3) smoke compartments. The facility was provided with a complete supervised automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 1/16/26, following a State Agency Annual Survey on 12/1/25, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring SMP Health - Maryhill was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	E0000		

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