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 **12/01/2025**

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 This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (111) construction with no basement. The facility was protected throughout by a wet/dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K0000		12/05/2025
K0712 SS = D Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined no record was available to confirm a fire drill was conducted on the second shift during the first quarter in 2025. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K0712	1.The second-quarter fire drill for April 2025 was not completed. The facility acknowledges the missed drill and has reviewed the fire drill requirements with the Environment Services Coordinator. Staff were re-educated on the fire drill schedule and regulatory expectations. 2.The Environment Services Coordinator reviewed all fire drill documentation for the past 12 months to confirm whether any additional required drills were missed. No other missed drills were identified. 3. A revised annual Fire Drill Schedule and Tracking Log has been created and posted. All required drill months have been entered into the calendar with automated reminders for the Environment Services Coordinator. A secondary trained staff member—the Head of Maintenance—has been designated to complete required drills if the Environment Services Coordinator is unavailable. Fire drill procedures and expectations have been	12/05/2025

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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K0712 SS = D Bldg. 01	Continued from page 1 The deficiency affected one (1) of twelve (12) drills in the past year.	K0712	Continued from page 1 reviewed with the Environment Services Coordinator and the Head of Maintenance to ensure full understanding of regulatory requirements. 4.The Environment Services Coordinator will review the Fire Drill Tracking Log monthly for one year to confirm that each quarterly drill has been completed within the required timeframe. Monitoring results will be reported at monthly Quality Assurance meetings. Any identified issue will be immediately addressed by the Environment Services Coordinator and the Head of Maintenance. 5. All corrective actions are fully implemented as of 12/5/2025.	12/05/2025

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E0000	Initial Comments A recertification survey conducted on 12/01/2025 found SMP Health - Maryhill in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		12/05/2025

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