| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING | (X3) DATE SURVEY COMPLETED **02/10/2026** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SMP HEALTH - ST CATHERINE NORTH** | **1351 N BROADWAY , FARGO, North Dakota, 58102** |

| (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<br><br>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).<br><br>The original four-story Rosewood on Broadway building was built in 1957 of Type II (222) construction.<br><br>A one-story addition was attached to the east side of the building during the 1980s of Type V (000) construction. This addition housed kitchen storage and a garage and was separated from the 1957 building by a construction separation wall having a two-hour fire resistance rating. The kitchen storage and garage addition was not included in this survey.<br><br>A four-story addition of Type II (222) construction was attached to the south side of the 1957 building in 2004.<br><br>A one-story addition of Type II (000) construction was attached to the south side of the kitchen storage and garage addition and the east side of the dining room in 2013. This addition housed a chapel that was separated from the kitchen storage and garage addition and the dining room by construction separation walls having two-hour fire resistance ratings.<br><br>A two-story addition of Type II (222) construction was attached to the east side of the 2004 building in 2015.<br><br>The buildings were equipped with a wet and dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. | K0000 | | |

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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| | | |

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| K0000 Bldg. 01 | Continued from page 1<br>Note:<br><br>At the conclusion of the 02/10/2026 Life Safety Code survey, it was determined the facility was in compliance with the provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. | K0000 | | |

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| E0000 | Initial Comments<br><br>A recertification survey conducted on 02/10/2026 found SMP Health - St Catherine North in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness. | E0000 | | |

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