STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355024	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR , FARGO, North Dakota, 58103

(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. 02	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 II (000) construction protected with a wet/dry automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The building was of noncombustible construction except for the canopy (wood framed combustible construction) located at the building main entry. This combustible exterior canopy was isolated from the remainder of the building by a two-hour fire resistance rated masonry wall.	K0000		06/24/2026
K0712 SS = D Bldg. 02	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	K0712	K0712 POC 1.The facility conducted an immediate review of all fire drill documentation and schedules to ensure compliance with required fire drill frequencies and shifts. The missing documentation for the second-shift fire drill during the fourth quarter of 2025 could not be located to verify completion. 2. All residents had the potential to be affected by this deficient practice. No resident harm occurred because of the missing fire drill documentation. 3.To prevent recurrence, the Maintenance Director was educated on the facility's fire drill policy on 7/1/26 and has implemented a recurring task in TELS to trigger and remind the Maintenance Director to conduct and document fire drills. This ensures that one fire drill is completed on each shift as required. Maintenance will have downloaded documentation in TELS as well as physical documentation in a folder. 4.The Administrator or designee will audit fire drill	07/01/2026

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355024	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **06/23/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	**1315 S UNIVERSITY DR , FARGO, North Dakota, 58103**

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K0712 SS = D Bldg. 02	Continued from page 1 available to confirm a fire drill was conducted on the second shift during the fourth quarter in 2025. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K0712	Continued from page 1 records monthly for six months to verify required drills have been completed and properly documented. Any identified concerns will be addressed immediately. Audit results will be reported to the facility's Quality Assurance and Performance Improvement (QAPI) Committee monthly for review and follow-up as needed. 5. 7/1/2026	07/01/2026

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E0000	Initial Comments A recertification survey conducted on 06/23/2026 found The Meadows on University in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		06/24/2026

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