STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355036	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - MARION MAN...** B. WING	(X3) DATE SURVEY COMPLETED **06/08/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAN MANOR HEALTHCARE CENTER	**604 ASH AVE E PO BOX 578, GLEN ULLIN, North Dakota, 58631**

(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 18-New Health Care Occupancies, 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. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and a corridor smoke detection system. Two-hour fire rated occupancy separation walls were constructed between the facility and the attached apartments to the east and an outpatient clinical building to the west. A kitchen addition of Type II (000) construction was attached to the southwest side of the existing facility and a nursing station addition of Type II (000) construction was attached to the east side of the 200 Wing in 2022. A major renovation of the Dining Room was completed in 2022. The additions and Dining Room were surveyed using Chapter 18 of the Life Safety Code.	K0000		
K0921 SS = F Bldg. 02	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances	K0921	K0921: The facility failed to have a complete program in place to test the physical integrity, resistance, leakage current, and touch current test for fixed and portable patientcare related electrical equipment (PCREE) as required in section 10.3 of the NFPA 99 manual. The facility has firstly identified all fixed and portable patient-care related equipment. The facility has also purchased a biomedical electrical tester to test and document each piece of equipment going forward. In addition, all maintenance personnel will be trained on how to use the biomedical electrical tester. Each piece of equipment that the facility owns will be labeled with an identifying number that	07/08/2026

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: 355036	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - MARION MAN...** B. WING	(X3) DATE SURVEY COMPLETED **06/08/2026**

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K0921 SS = F Bldg. 02	Continued from page 1 demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: The facility failed to test all Patient-Care Related Electrical Equipment (PCREE) in use throughout the facility. Record review and interview with staff determined testing of all Patient-Care Related Electrical Equipment in use throughout the facility was not completed, as required by NFPA 99, Health Care Facilities Code. Failure to inspect, test and maintain Patient-Care Related Electrical Equipment (PCREE) in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous items of Patient-Care Related Electrical Equipment in use throughout the facility.	K0921	Continued from page 1 will be tracked by a record, which will be composed of several sections: device name, room number, item ID #, physical integrity, cord defects, double insulated, resistance, leakage current, comments and corrective actions and leakage and touch current. This document will be used as a record to track electrical equipment tests, repairs, addition of new equipment, and any modifications. Non patient care electrical equipment that is brought with the resident will be tested upon admission and documented on a form that will be kept in the Administrator's office. Those residents who already reside at Marian Manor will have all their electronic equipment tested by July 8th, 2026. All electrical equipment instructions and maintenance manuals will be kept with the maintenance department but will be readily available for staff, which can be found in the Maintenance Directors area. The facility department heads have gone through their respective areas and listed all patientcare related electrical equipment. These items will be marked with a specific number and be listed in the ongoing document by maintenance personnel. Any smaller, newly purchased patientcare-related electrical equipment will be received by central supply. Maintenance will then test and mark the item with an identifying number before being allowed to be put into service and added to our on-going document. Central supply is responsible for receiving all packages that come to the facility, upon arrival central supply will note any equipment that will be used for patient care and notify the maintenance department. Any large, fixed patient care electrical equipment will go through the same process as being marked with an identification number and tested before use, when received from a vendor. Maintenance personnel will also use the document after patient care electronic equipment has been modified or repaired to make sure that the specific piece of equipment has been tested before being placed back into service. Any equipment that does not pass the PCREE test will not be placed back into service to prevent death or injury. The measures that will be put into place to ensure that the deficient practice will not occur again will be the addition of the biomedical electrical tester, documentation, a centralized point of receiving equipment, and systematic audits. Electronic patient care equipment that ceases to operate, will be placed in our maintenance log as we have always done to notify our maintenance personnel and be removed from service.	07/08/2026

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K0921 SS = F Bldg. 02		K0921	Continued from page 2 The facility will monitor its corrective actions through systematic audits by the Administrator or a designee for the next four months (June-September), and then on a quarterly basis for the next nine months (October-June), followed by an annual basis. The maintenance Director or maintenance designee will also be testing the patient care electronic equipment on the same schedule, four months (June-September), and then on a quarterly basis or as new equipment comes in (October-June), and then on a yearly basis or as new equipment comes in. After such time, an annual audit will be conducted by the Administrator and be added to the annual checklist for the maintenance team to complete. In addition, the QAPI team will review progress on a quarterly basis for twelve months starting in July. The corrective action date will be completed by July 8th, 2026, 30 days from the completed survey date.	07/08/2026

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E0000	Initial Comments A recertification survey conducted on 06/08/2026 found Marian Manor Healthcare Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		06/12/2026

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