STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355033	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/26/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINES LIVING CENTER	**1307 N 7TH ST , WAHPETON, North Dakota, 58075**

(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 V (000) construction. An addition attached to the structure was of Type II (111) 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. The 700 Wing of Type II (111) construction had undergone a major renovation in 2017. The 700 Wing was surveyed using Chapter 18. A Fire Safety Evaluation System (FSES) was conducted as a result of the 01/26/2026 Life Safety Code survey. The FSES was specifically used as an alternative safety method for Tag K 371 - Travel Distance within Smoke Compartment. The facility passes the FSES.	K0000		02/04/2026
K0371 SS = B Bldg. 02	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including	K0371	The FSES was specifically used as an alternative safety method for K371.	01/29/2026

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: 355033	(X2) MULTIPLE CONSTRUCTION A. BUILDING **02 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **01/26/2026**

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K0371 SS = B Bldg. 02	Continued from page 1 length of zones and dead-end corridors. This STANDARD is NOT MET as evidenced by: The facility failed to ensure the travel distance to reach a door in the required smoke barrier did not exceed 200 feet. Observation determined the 500/600 Wing smoke compartment exceeded the maximum 200 feet travel distance to reach the nearest smoke barrier. Failure to ensure travel distance within a smoke compartment complies with Life Safety Code requirements increases the risk of death or injury due to fire. This deficiency affected one (1) of three (3) smoke compartments.	K0371		01/29/2026

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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E0000	Initial Comments A recertification survey conducted on 01/26/2026 found St Catherines Living Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		

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