STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355124	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - SHEYENNE C...** B. WING	(X3) DATE SURVEY COMPLETED **03/02/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CROSSINGS CARE CENTER/TCU	**125 13TH AVENUE WEST , WEST FARGO, North Dakota, 58078**

(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 two buildings that were separated by a two-hour fire resistive construction barrier. The building that houses the residents and the administration staff was a one-story building of Type V (111) construction. The other building housing the building services and Chapel was a two-story building of Type II (111) construction. A two-story apartment/basic care building was connected to the northwest corner of the two-story building with a two-hour fire resistive occupancy separation. The buildings were equipped with a wet and dry automatic sprinkler system with quick response sprinklers designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems.	K0000		03/02/2026
K0921 SS = F Bldg. 01	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 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	K0921	On 3/2/2026, the Administrator arranged for appropriate electrical testing equipment to be delivered. The Facility Director will complete annual electrical safety testing of 100% of electric resident beds in use by 3/9/2026 in accordance with manufacturer guidelines and applicable Life Safety Code requirements. Documentation of testing results will be maintained in the Life Safety compliance binder. All electric resident beds have the potential to be affected. On 3/2/2026, the Facility Director conducted a full inventory of all electric resident beds to ensure all equipment is included in the annual testing program. No additional untracked equipment was identified. Education was provided to Facility Director on 3/2/2026 regarding testing requirements for all Patient-Care related Electrical Equipment in use	03/13/2026

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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SHEYENNE CROSSINGS CARE CENTER/TCU	125 13TH AVENUE WEST , WEST FARGO, North Dakota, 58078

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K0921 SS = F Bldg. 01	Continued from page 1 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 no testing of electric resident beds in use throughout the facility was 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 all electric resident beds in use throughout the facility.	K0921	Continued from page 1 throughout the facility in accordance with NFOA 99. The Facility Director implemented an annual preventative maintenance schedule within the facility maintenance tracking system to ensure all resident beds are tested annually moving forward. The Facility Director will audit the preventative maintenance log quarterly for one year to verify continued compliance. Findings will be presented at the monthly QAPI meeting. Compliance will be achieved by 3/13/2026.	03/13/2026
K0324 SS = D Bldg. 01	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.	K0324	On 3/2/2026, the Facility Director verified that the previous range hood inspection exceeded the required six-month timeframe by approximately two weeks. The contracted licensed vendor has since completed the inspection and cleaning to bring the facility back into compliance. Documentation of the completed inspection and cleaning has been placed in the Life Safety compliance binder located in the Facility Director’s office. All areas of facility with fire-extinguishing systems serving the kitchen exhaust hoods have the potential to be affected. The Facility Director conducted a review of the past 12 months of kitchen hood inspection documentation on 3/2/2026 to ensure no additional missed inspections occurred. No other deficiencies were identified. Education was provided to Facility Director on 3/2/2026 regarding testing and service requirements for fire-extinguishing systems serving the kitchen	03/09/2026

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K0324 SS = D Bldg. 01	Continued from page 2 Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is NOT MET as evidenced by: The facility failed to test and service the fire-extinguishing systems serving the Kitchen exhaust hoods in accordance with NFPA 96. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 19.3.2.5.1, 9.2.3, NFPA 96 11.2.1. Record review determined the fire-extinguishing systems serving the Kitchen exhaust hoods were inspected and serviced on 07/16/2025 and 02/03/2026, exceeding the required 6 months testing requirement. Failure to inspect and service the fire-extinguishing systems for the Kitchen exhaust hoods at required intervals increases the risk of injury or death due to fire. This deficiency affected two (2) of two (2) wet chemical extinguishing systems in the facility.	K0324	Continued from page 2 exhaust hoods in accordance with NFPA 96. Facility Director established a recurring six-month calendar reminder within the facility maintenance tracking system and confirmed the vendor contract includes automatic semi-annual scheduling. The Facility Director will audit hood inspection documentation quarterly for one year to ensure continued compliance. Results will be reported at the monthly Quality Assurance Performance Improvement (QAPI) meeting. Compliance will be achieved by 3/9/2026.	03/09/2026

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E0000	Initial Comments A recertification survey conducted on 03/02/2026 found Sheyenne Crossings Care Center/TCU in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		03/02/2026

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