

April 22, 2024

CMS Certification Number: 351323

Wayne Reid, Administrator
Cavalier County Memorial Hospital Association
909 2nd St
Langdon, ND 58249
Email: Wayne.Reid@LPH.hospital

Enclosed is the CMS-2567 relating to your recent licensure and Medicare/Medicaid survey which indicates no deficiencies were identified. This report is submitted for your files and does not require your signature and return to our office. A copy of this report is also mailed to your Governing Board President. A copy of the enclosed form will be used for public disclosure purposes.

We would like to provide your facility with an opportunity to give our survey agency feedback on how successfully our survey staff interacted with your healthcare facility. Please complete the enclosed post survey questionnaire and return it to our office.

If you have any questions concerning the instructions contained in this letter, please contact our office at (701) 328-2352.



Cathy Myrvik
Health Facilities Surveyor
Health Facilities Unit
Department of Health and Human Services

Enclosures
c: Board Chairman

EMERGENCY PREPAREDNESS 701-328-2270	EMERGENCY MEDICAL SYSTEMS 701-328-2388	FOOD & LODGING 701-328-1291	HEALTH FACILITIES 701-328-2352	LIFE SAFETY & CONSTRUCTION 701-328-4873
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