STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355058	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH & REHAB	3400 NEBRASKA DRIVE , BISMARCK, North Dakota, 58503

(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. 03	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 two-story building of Type II (111) construction with a partial basement. The facility was protected throughout by an automatic wet sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. An Assisted Living facility was attached to the southeast side of the nursing home and was separated by an occupancy separation wall having a 2-hour fire resistance rating.	K0000		07/15/2026
K0914 SS = F Bldg. 03	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.	K0914	Baptist Health & Rehabilitation – Plan of Correction Life Safety Code Tag K0914 Baptist Health & Rehabilitation (BH&R) will identify and inspect all 140 resident room electrical receptacles located within six (6) feet of resident bed locations. An annual receptacle testing form will be implemented and maintained for all patient care rooms. Documentation will include the results of each outlet tested and will clearly indicate whether the receptacle passed or failed inspection. The annual testing process will verify the following: Physical integrity of each receptacle. Continuity of the grounding circuit for each receptacle. Correct polarity of hot and neutral conductor connections.	08/28/2026

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: 355058	(X2) MULTIPLE CONSTRUCTION A. BUILDING **03 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **07/14/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH & REHAB	**3400 NEBRASKA DRIVE , BISMARCK, North Dakota, 58503**

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K0914 SS = F Bldg. 03	Continued from page 1 6.3.4 (NFPA 99) This STANDARD is NOT MET as evidenced by: The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code. Electrical systems shall be inspected, tested and maintained in accordance with the applicable requirements of NFPA 99 Health Care Facilities Code. 6.3.3.2, 6.3.3.2.1, 6.3.3.2.2, 6.3.3.2.3, 6.3.3.2.4, 6.3.4.1 Receptacle inspection and testing in patient care rooms shall include the following: 1) The physical integrity of each receptacle shall be confirmed by visual inspection. 2) The continuity of the grounding circuit in each electrical receptacle shall be verified. 3) Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 4) The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). Failed receptacles at patient bed locations shall be replaced with hospital grade outlets, per NFPA 70 National Electrical Code, 517.18 (B). These tests need to be completed at least annually on all non-hospital grade outlets in patient care rooms. Observation, record review, and interview with staff determined there was no documentation of inspection and testing of the non-hospital grade electrical receptacles at patient bed locations in the past year. Failure to inspect, test and maintain electrical receptacles in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous electrical receptacles in resident rooms in the facility.	K0914	Continued from page 1 Grounding blade retention force of not less than four (4) ounces. Any receptacle located within six (6) feet of a resident bed that fails any portion of the inspection or testing process will be replaced with a hospital-grade receptacle. BH&R Maintenance Department will be responsible for completing the identification, inspection, testing, documentation, and any necessary corrective actions. Completion Date: August 28, 2026.	08/28/2026

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E0000	Initial Comments A recertification survey conducted on 07/14/2026 found Baptist Health & Rehab in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		07/15/2026

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