STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355078	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE JAMESTOWN	**1300 2ND PL NE , JAMESTOWN, North Dakota, 58401**

(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
F0000	INITIAL COMMENTS An unannounced onsite investigation survey regarding a complaint was completed on August 28, 2025. During the complaint investigation the facility was found non-compliant with regulatory requirements.	F0000		09/30/2025
F0558 SS = E	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on information received from the complainant, review of facility policy and resident interviews, the facility failed to ensure reasonable accommodation of needs regarding call lights for 4 of 8 confidential residents (Residents C, D, E, and G. Failure to answer call lights timely, may result in discomfort, increased falls, and/or incontinence. Findings include: Review of the facility policy titled "Standards of Care" occurred on 08/26/25. This policy, revised August 2024, stated, ". . . Staff will respond to call lights in a timely manner . . ." -During an interview on 08/26/25 at 11:20 a.m., Resident D stated, "I have my call light now but sometimes they forget to give it to me. Sometimes it takes a half hour or longer for help. One time I waited on the toilet and had to yell for someone to come." -During an interview on 08/26/25 at 11:30 a.m., Resident E stated, "A couple of months ago I had soiled myself in bed and needed to be changed. I waited for almost two hours." -During an interview on 08/26/25 at 11:55 a.m., Resident G stated, "Staff run ragged around here and	F0558	1. All nursing staff were provided education on 9/22/25 on ensuring reasonable accommodations of needs regarding call lights per facility Standards of Care Policy, specifically regarding the expectation that “Staff will respond to call lights in a timely manner.” 2. All residents have the potential to be affected by this deficient practice. 3. Education will be provided to all nursing staff on ensuring reasonable accommodation of needs regarding call lights per facility policy Standards of Care, specifically regarding the expectation of responding to residents’ call lights in a timely manner by September 22th, 2025. 4. QA monitoring will be implemented following completion of education on 9/22/2025. The Director of Nursing (DON), or designee will be responsible for monitoring staff consistently responding to resident call lights in a timely manner across all shifts weekly for one month, monthly for three months, quarterly thereafter for one year with additional audits as recommended by the QA committee. If concerns are identified, immediate corrective action will be implemented. The DON will submit a report of the monitoring results to the QA committee at each scheduled meeting. 5. Compliance date September 25th, 2025.	09/25/2025

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

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F0558 SS = E	Continued from page 1 they aren't very nice. One time I had my light on for over an hour and when they came in, I told them I wouldn't have had an accident [incontinent bowel movement] if they would have come sooner. The aide got mad at me for scolding her and walked out. I had to wait for someone to come back." During an interview on 08/26/25 at 5:29 p.m., an administrative staff member (#2) stated she expected staff to answer call lights within 5 minutes as that is her baseline for audits.	F0558		
F0804 SS = E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is NOT MET as evidenced by: Based on observation, and confidential resident interviews, the facility failed to provide palatable and attractive food for 5 of 10 confidential residents (Residents B, D, F, G, and H). Failure to ensure residents receive food that is palatable, places residents at risk of weight loss and nutritional decline. Findings include: Review of the lunch menu served on 08/26/25 identified tater tot casserole (hotdish), tomato wedges, pacific blend vegetables, and a sundae brownie. -During an interview on 08/26/25 at 11:20 a.m., Resident D stated, "They told me they didn't have anything for me [special diet], so I ordered plain mashed potatoes, but they covered them in gravy, so I didn't eat." -Observation on 08/26/25 at 11:45 a.m. showed a meal tray in Resident F's room. The plate contained two mounds of a brown substance (that did not resemble tater tot casserole) and the resident stated, "This is	F0804	Education was provided to culinary staff involved in food preparation on 9/21/25 on food plate presentation, specifically ensuring facility is providing resident's palatable and attractive food. All residents of the facility have the potential to be affected. Education will be provided to culinary staff involved in food preparation on proper presentation of foods, specifically ensuring facility is providing resident's palatable and attractive food on 9/25/25. QA monitoring will be implemented following completion of mandatory education by 9/25/25. The Certified Dietary Manager (CDM) and the Registered Dietitian (RD) will be responsible for monitoring that residents consistently know of alternate options for the menu choices, the nursing staff are aware of the alternate menu options for menu choices. CDM and RD will be responsible for monitoring correct plate presentation and palatability for meals. Auditing will take place weekly for 1 month, monthly for 3 months and at least quarterly for 1 year with additional audits as recommended by the QA committee. If concerns are identified, immediate corrective action will be implemented. Compliance date will be Sept. 25th, 2025.	09/25/2025

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F0804 SS = E	Continued from page 2 supposed to be tater tot hotdish. The food is terrible. The dietitian gave me Ensure [a supplement] but I get tired of that but there's nothing else to eat." The resident ate only the dessert. -Observation on 08/26/25 at 11:55 a.m. showed a meal tray in Resident G's room. The resident pointed to the tray and stated, "It is disgusting. This is supposed to be hotdish, but it reminds me of liver sausage I had to eat growing up, but this is worse. One day we had soup that a dog wouldn't eat." The resident ate only the dessert. -During an interview on 08/26/25 at 12:10 p.m., Resident H identified staff warmed food from the resident's personal refrigerator per request for lunch and stated, "I wasn't going to eat the stuff they were serving, it's terrible." -During an interview on 08/26/25 at 2:40 p.m., Resident B stated, "the food seems to be of lesser quality. I can't eat it. They offer me something else but how many cheese sandwiches can you eat." Observation of the main dining room on 08/26/25 at 12:20 p.m. showed five separate plates with untouched hot dish left on the plates. During an interview on 08/26/25 at 4:35 p.m. an administrative staff member (#1) stated staff served the casserole with portion scoops which made the mounds on the plate.	F0804		