STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE JAMESTOWN	**1300 2ND PL NE JAMESTOWN, ND 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
E 000	Initial Comments A recertification survey conducted on April 8, 2024, found Eventide Jamestown in compliance with the requirements of 483.73 Long Term Care Emergency Preparedness.	E 000		

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

Electronically Signed | 04/12/2024

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 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.

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	355078	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/08/2024**

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K 000	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, Standard for 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. The building was protected with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems and a corridor smoke detection system. Note: A Fire Safety Evaluation System (FSES) was conducted as a result of the 04/08/2024 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K 241 (Number of Exits) and K 271 (Discharge From Exits). The facility passes the FSES upon correction of all other deficiencies.	K 000		
K 241 SS=B	Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced	K 241		4/8/24

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K 241	Continued From page 1 by: Not more than 50 percent of the required number of exits, and not more than 50 percent of the required egress capacity, shall be permitted to discharge through areas on the level of exit discharge. The facility failed to arrange at least 50 percent of exits to discharge directly to the exterior of the building. Observation determined two (2) of two (2) stair enclosures from the partial basement discharged into the first-floor corridor of the building rather than into an exit passageway or to the exterior of the building. Failure to provide exits in accordance with NFPA 101 increases the risk of injury or death due to fire. This deficiency affected two (2) of two (2) designated exits from the basement.	K 241	A Fire Safety Evaluation System (FSES) was conducted as a result of the 04/08/2024 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K 241, (Number of Exits). The facility passes the FSES upon correction of all other deficiencies.	
K 271 SS=B	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Exits must terminate directly at a public way or at an exterior exit discharge. Yards, courts, open	K 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the	4/8/24

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K 271	Continued From page 2 spaces, or other portions of the exit discharge must be of required width and size to provide all occupants with safe access to a public way. To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. CMS Survey and Certification Letter 05-38. Observation determined the two (2) exterior exits from the Chapel traverse the lawn to get to a public way. Failure to provide asphalt or concrete surfaces from exterior exits increases the risk of injury or death due to fire. The deficiency affected two (2) of twelve (12) exterior exits from the building.	K 271	04/08/2024 Life Safety Code survey. The FSES was specifically used as an alternative safety method for K 271 (exterior exits to public ways). The facility passes the FSES upon correction of all other deficiencies.	
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required.	K 712	1. Fire drills have been scheduled monthly to have 1 fire drill per shift done	4/10/24

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K 712	Continued From page 3 Fire drill records review determined a fire drill was not conducted on the second shift during the first quarter of 2024. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected one (1) of twelve (12) drills in the past year.	K 712	quarterly per regulation. 2. Eventide Jamestown recognizes that all residents residing at Eventide could be affected by the deficient practice. 3. The Facility Director will make a schedule so we can ensure fire drills are conducted during all three shifts each quarter. 4. The Facility Director will bring schedule and drill results to the monthly safety meeting for review. 5. 4/10/2024	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a	K 918		4/18/24

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K 918	Continued From page 4 program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems. Documentation was not available indicating the emergency generator was exercised under load for 4 continuous hours in the past 36 months. Failure to inspect, test and maintain the emergency generator in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator which provides all emergency power to the facility.	K 918	1. On 4/8/2024, Facility Director contacted the vendor responsible for the generator testing and confirmed a date of 4/18/2024 to have it completed. Vendor will submit test report to Facility Director once completed. 2. Eventide Jamestown recognizes that all residents residing at Eventide could be affected by the deficient practice. 3. The Facility Director will make a schedule so we can ensure tests are completed every 36 months. 4. The Facility Director will bring schedule and drill results to the monthly safety meeting for review. 5. Anticipated completion date of 4/18/2024.	