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 _____	06/02/2025

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 06/02/2025 found Eventide Jamestown in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

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

Electronically Signed | 06/17/2025

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 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 _____	**06/02/2025**

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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 06/02/2025 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 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 by:	K 241		6/17/25

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K 241	Continued From page 1 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 06/02/2025 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 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Fire extinguishers shall be manually inspected when initially placed in service and thereafter either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 19.3.5.12, 9.7.4.1, NFPA 10	K 355	1. Missing pin seal replaced on class K fire extinguisher located in kitchen on 6/5/25. 2. The facility identifies that the deficient practice has the potential to effect most or	7/17/25

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K 355	Continued From page 2 7.2.1.1, 7.2.1.2 The facility failed to inspect and maintain portable fire extinguishers in accordance with NFPA 10, Standard for Portable Fire Extinguishers. Observation determined the pin seal on the Class K portable fire extinguisher located in the Kitchen was missing. Failure to ensure portable fire extinguishers comply with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355	all residents. 3. A thorough inspection of all fire extinguishers in the facility will be completed by 7/9/25. Education will be provided to maintenance personnel on inspection requirements for fire extinguisher maintenance by 7/9/25. 4. All portable fire extinguishers will be inspected weekly by Facility Director or designee for a period of three months to verify pin seals and general maintenance begining the week of 6/16/25, inspections will occur every 30 days thereafter. A logbook will be maintained for all fire extinguisher inspections. the facility safety committee will review inspection reports quarterly. 5. All corrections for this deficiency will be completed by 7/17/25.	
K 914 SS=F	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	K 914		7/17/25

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K 914	Continued From page 3 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. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: 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. The facility failed to ensure the electrical system was inspected, tested and maintained in accordance with NFPA 99 Health Care Facilities Code.	K 914	1. A full inspection and testing of all non-hospital grade electrical receptacles will be completed by 7/9/25. 2. The facility identifies that the deficient practice has the potential to effect most or all residents. 3. Education will be provided to maintenance personnel on requirements and proper documentation procedures for testing all non-hospital grade electrical receptacles by 7/9/25. 4. Facility will implement annual inspection and testing for all non-hospital grade electrical receptacles and a logbook will be created and maintained for all inspection and testing, facility safety committee will conduct annual review of logbook. 5. All corrections will be completed by 7/17/25.	

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K 914	Continued From page 4 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.	K 914		