STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355078	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **07/21/2026**

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
K0000 Bldg. 01	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 07/21/2026 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.	K0000		07/22/2026
K0291 SS = F Bldg. 01	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is NOT MET as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5	K0291	K291 Emergency Lighting CFR(s): NFPA 101: 1. A full inspection and 90-minute test of Emergency lighting will be completed by 8/7/26. 2. The facility identifies that the deficient practice has the potential to effect most or all residents. 3. A thorough inspection and 90-minutes testing of Emergency lighting in the facility will be completed by 8/7/26. Education will be provided to maintenance personnel on testing requirements for Emergency Lighting by 7/31/26. 4. A 90-minute functional test will be conducted by 8/7/26 and annually thereafter, A logbook will be maintained for all Emergency Lighting inspections. The facility safety committee will review inspection reports annually.	08/07/2026

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

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K0291 SS = F Bldg. 01	Continued from page 1 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Record review determined the facility failed to conduct a 90-minute test of battery powered emergency lights in the past year. Failure to test and maintain the emergency lights in accordance with NFPA 101 increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K0291	Continued from page 1 5. All corrections for this deficiency will be completed by 8/7/26.	08/07/2026
K0921 SS = F Bldg. 01	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a	K0921	K921 Electrical Equipment – Testing and Maintenance CFR(s): NFPA 101: 1. A full inspection and testing of all Patient Care Related Electrical Equipment will be completed by 8/7/26. 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 PCREE by 7/31/26. A full inspection and testing of all Patient Care Related Electrical Equipment will be completed by 8/7/26	08/07/2026

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K0921 SS = F Bldg. 01	Continued from page 2 complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: The facility failed to test all Patient-Care Related Electrical Equipment (PCREE) in use throughout the facility. Record review and interview with staff determined testing of all Patient-Care Related Electrical Equipment in use throughout the facility was not completed, as required by NFPA 99, Health Care Facilities Code. Failure to inspect, test and maintain Patient-Care Related Electrical Equipment (PCREE) in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous items of Patient-Care Related Electrical Equipment in use throughout the facility.	K0921	Continued from page 2 4. Facility will implement annual inspection and testing for all PCREE and a logbook will be maintained for all inspection and testing, facility safety committee will conduct annual review of logbook. 5. All corrections will be completed by 8/7/26.	08/07/2026
K0712 SS = D Bldg. 01	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.	K0712	K712 Fire Drills CFR(s): NFPA 101: 1. The facility will ensure that all required fire drills are conducted in accordance with Life Safety Code requirements, including conducting drills at the required frequency, on all shifts, and documenting each drill completely. The Maintenance Director and Administrator will review the fire drill schedule by 8/7/26. 2. The facility identifies that the deficient practice has the potential to effect most or all residents. 3. The facility will continue to update and maintain fire drill schedules to ensures drills are conducted	08/07/2026

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K0712 SS = D Bldg. 01	Continued from page 3 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined no record was available to confirm a fire drill was conducted on the second shift during the second quarter in 2026. 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.	K0712	Continued from page 3 on all shifts and at varying time as required. A log book of all fire drills with be maintained by the Facilities Director. Education will be provided to maintenance personnel on requirements and proper procedures by 7/31/26. 4. Log book of fire drills will be reviewed monthly at facility safety meetings. 5. All corrections will be complete by 8/7/26.	08/07/2026
K0241 SS = B Bldg. 01	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 STANDARD is NOT MET as evidenced 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	K0241	K241 Number of Exits - Story and Compartment CFR(s): NFPA 101: A Fire Safety Evaluation System (FSES) was conducted as a result of the 07/21/2026 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.	08/07/2026

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K0241 SS = B Bldg. 01	Continued from page 4 increases the risk of injury or death due to fire. This deficiency affected two (2) of two (2) designated exits from the basement.	K0241		08/07/2026

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E0000	Initial Comments A recertification survey conducted on 07/21/2026 found Eventide Jamestown in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		07/22/2026

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