

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355078		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2019	
NAME OF PROVIDER OR SUPPLIER EVENTIDE JAMESTOWN				STREET ADDRESS, CITY, STATE, ZIP CODE 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
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 10/02/2019 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.			K 000			
K 241 SS=C	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			10/3/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/14/2019

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355078	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER EVENTIDE JAMESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 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
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 10/02/2019 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.		
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 spaces, or other portions of the exit discharge	K 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the 10/02/2019 Life Safety Code survey. The		10/3/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355078	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2019
NAME OF PROVIDER OR SUPPLIER EVENTIDE JAMESTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 271	Continued From page 2 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	FSES was specifically used as an alternative safety method for K 271 (exterior exits to public ways). The facility passes the FSES.		