

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

PRINTED: 02/08/2017
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 11/02/2016
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 11/02/2016 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 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times.	K 211	1. Identified hand sinks and water fountains were removed on 11/15/16.	11/15/16	

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

TITLE

(X6) DATE

Electronically Signed

11/21/2016

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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K 211	Continued From page 1 Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Exception: Projections not more than 4 1/2 in. (8.9 cm) on each side shall be permitted at 38 in. (96 cm) and below. 7.1.10.1, 7.3.2. Observation determined: 1) Four (4) water fountains projected more than 4 1/2 in. (8.9 cm) from the wall in the 100, 200, 300 and 400 Wings exit corridors. 2) Sinks projected more than 4 1/2 in. (8.9 cm) from the wall in the 100 and 200 Wings exit corridors. The corridor was eight (8) feet clear width at all other locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. This deficiency affected four (4) of seven (7) smoke compartments. The deficiency affected egress from four (4) of seven (7) smoke compartments in the facility.	K 211	2. All aisles, passageways, corridors, exit discharges, exit locations and accesses can be affected with obstructions. 3. Director of Facilities completed facility audit on 11/3/16. All areas of the facility are free from obstructions. 4. N/A 5. Date of completion: 11/15/16		
K 241 SS=B	NFPA 101 Number of Exits - Story and Compartment Number of Exits - Story and Compartment	K 241		11/2/16	

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K 241	Continued From page 2 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. 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 11/02/2016 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	NFPA 101 Discharge from Exits 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 in accordance with CMS Survey and Certification Letter 05-38.	K 271			11/2/16

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K 271	Continued From page 3 18.2.7, 19.2.7, S&C 05-38 This STANDARD 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 must be of required width and size to provide all occupants with safe access to a public way. CMS Survey and Certification Letter 05-38. To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to public ways. Observation determined the two (2) exterior exits from the Chapel traverse the lawn to get to a public way. The deficiency affected two (2) of twelve (12) exterior exits from the building.	K 271	A Fire Safety Evaluation System (FSES) was conducted as a result of the 11/02/2016 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 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This STANDARD is not met as evidenced by: The facility failed to provide a documented risk assessment of building systems. NFPA 99, 4.2. Review of documentation and interview of staff	K 901	1. Facility will develop a risk assessment of building systems in accordance with NFPA 99 4.2.		11/9/16

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K 901	Continued From page 4 determined the facility failed to conduct and document a risk assessment of building systems. Failure to conduct a risk assessment of building systems increases the risk of injury or death due to fire. This deficiency affected building systems throughout the entire facility.	K 901	2. Facility has the potential to be affected. 3. Facility risk assessment will be completed/updated by facility leadership on an annual basis or as changes occur. 4. N/A 5. Date of completion: 11/9/16		