

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2016
NAME OF PROVIDER OR SUPPLIER EDGEWOOD JAMESTOWN, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 25TH ST SW 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) COMPLETE DATE
B 000	INITIAL COMMENTS For the announced initial licensure survey started on 12/19/16 and completed on 12/19/16, the sample included 5 residents for complete review and 1 closed record for review. Edgewood Jamestown is in substantial compliance with the requirements of North Dakota Administrative Code Chapter 33-03-24.1 "Licensing Rules for Basic Care Facilities in North Dakota."	B 000		

Health Resources Section

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

TITLE

(X6) DATE