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

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DIVISION OF LIFE SAFETY AND CONSTRUCTION

PRINTED: 09/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355078	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/16/2014

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
K 000	INITIAL COMMENTS This survey used the 2000 edition of NFPA 101, Life Safety Code, Chapter 19 Existing Health Care Occupancies in compliance with 42CFR 483.70(a). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with a partial basement. The facility had a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems, 1999 edition. A Fire Safety Evaluation System (FSES) was conducted as a result of the 09/16/2014 Life Safety Code survey. Tag K038 Exit Access was specifically addressed by and will pass the FSES.	K 000		
K 038 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 1) 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. 7.7.1 To ensure adequate exit capability, CMS requires asphalt or concrete surfaces from exterior exits to	K 038	A Fire Safety Evaluation System (FSES) was conducted for deficiency Tag K 038 of the 09/16/2014 Life Safety Code survey to allow exits to public ways to traverse grassy surfaces, existing stairs from the partial basement suite to discharge into the first floor corridor and a water fountain impeding the exit corridor in the 400 Wing. The facility passes the FSES upon	

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director 9/25/14

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 /s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

emailed 10-2-14

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K 038	Continued From page 1 public ways. Observation determined the two (2) exterior exits from the Chapel traverse the lawn to get to a public way. 2) Two acceptable exits must be provided from each floor of the building. The facility failed to ensure two approved exit stairs from the partial basement. Observation determined two (2) of two (2) stair enclosures from the suite in 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. 3) Exit access is so arranged that exits are readily accessible at all times. Observation determined a water fountain in the 400 wing extended approximately sixteen (16) inches from the corridor wall protruding into the exit corridor.	K 038	correction of all other deficiencies.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	K144 1. The facility has hired a licensed electrician to install the remote manual stop station to include a break glass station for the generator. This will be placed in the room next to the generator separated by a wall and door. 2. N/A 1. N/A 2. N/A 3. This will be completed prior to October 31st, 2014.	

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K 144	Continued From page 2 This STANDARD is not met as evidenced by: All Level 1 and Level 2 installations of an emergency generator shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The facility failed to ensure the emergency generator was in compliance with NFPA 110, Standard for Emergency and Standby Power Systems. Observation determined there was no remote stop switch for the generator located outside the room housing the generator. The generator was located in the partial basement of the facility. Failure to ensure the emergency generator was in compliance with NFPA 110, increases the risk of death or injury due to fire. The deficiency affected one (1) of one (1) emergency generator for the facility which provides emergency power for the entire building. Ref: 2000 NFPA 101 Section 19.2.9.1, 7.9.2.3, 1999 NFPA 110 Section 3-5.5.6	K 144		