

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

PRINTED: 02/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355070		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2025	
NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 2ND AVE WEST WILLISTON, ND 58801			
(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
E 000	Initial Comments A recertification survey conducted on 02/18/2025 found Bethel Lutheran Nursing & Rehabilitation Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.			E 000			

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

TITLE

(X6) DATE

Electronically Signed

02/24/2025

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355070		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/18/2025	
NAME OF PROVIDER OR SUPPLIER BETHEL LUTHERAN NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 2ND AVE WEST WILLISTON, ND 58801			
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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, 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 four-story building of Type II (222) construction. One-story additions constructed in 1971 and 1974 were attached to the west wall of the original building. The 1971 addition was Type II (111) construction. The 1974 addition was Type II (000) construction. Other additions included a one-story activity area in 1982 of Type II (000) construction and a garage and van entrance in 1994 of Type II (000) construction. Attached to the 1982 activity addition was a Basic Care Facility of Type II (000) construction. The facility was protected with a wet automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. Note: The original four-story building and 1994 garage and van addition were separated from the remainder of the structure by two-hour fire resistive construction and not occupied by residents were not included in this survey.			K 000			
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills			K 712			2/28/25

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K 712	Continued From page 1 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. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined no fire drill was conducted on the PM Shift during the fourth quarter in the past year. 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.	K 712	1) The fire drills will be completed on all shifts at least quarterly as required. Drills will be held at expected or unexpected times. 2) Any are in the skilled nursing facility has the potential to be affected. 3) Reminders to make sure fire drills are completed on all three shifts, alternating times. Updated fire drill form to include time with what shift fire drill is being completed. This form will be in the Life Safety Binder. 4) The maintenance supervisor (or designee) will monitor and report when fire drills are being done and will submit to QA committee. 5) 2/28/2025		