STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355070	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILD...** B. WING	(X3) DATE SURVEY COMPLETED **04/20/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL LUTHERAN NURSING & REHABILITATION CENTER	**1515 2ND AVE WEST , WILLISTON, North Dakota, 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
K0000 Bldg. 01	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 and were not included in this survey.	K0000		04/28/2026
K0921 SS = F Bldg. 01	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable	K0921	1) Maintenance completed annual inspection of all patient care related electrical equipment in use throughout the facility. 2) Any are in the skilled facility has the potential to be affected.	05/01/2026

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355070	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING	(X3) DATE SURVEY COMPLETED 04/20/2026

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K0921 SS = F Bldg. 01	Continued from page 1 patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is NOT MET as evidenced by: The facility failed to test all Patient-Care Related Electrical Equipment (PCREE) in use throughout the facility. Record review and interview with staff determined testing of all Patient-Care Related Electrical Equipment in use throughout the facility was not completed, as required by NFPA 99, Health Care Facilities Code. Failure to inspect, test and maintain Patient-Care Related Electrical Equipment (PCREE) in accordance with NFPA 99 increases the risk of death or injury due to fire. The deficiency affected numerous items of Patient-Care Related Electrical Equipment in use throughout the facility.	K0921	Continued from page 1 3)Reminders to maintenance to make sure going forward all patient care related electrical equipment is being inspected annually. Also reviewed new policy titled, "Physical Environment: Resident Care Related Electrical Equipment" with the maintenance staff. 4) The maintenance supervisor will report to QA committee when the annual inspection of all patient care related electrical equipment is completed. 5) 5/1/2026	05/01/2026

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E0000	Initial Comments A recertification survey conducted on 04/20/2026 found Bethel Lutheran Nursing & Rehabilitation Center in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E0000		04/28/2026

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