Received via fax 12/11/2023

PRINTED: 12/06/2023
FORM APPROVED

North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8076	A. BUILDING: 01 - BETHANY TOWERS ONE B. WING _____	12/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY TOWERS	201 S UNIVERSITY DR FARGO, ND 58103

(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
K000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 32 New Residential Board and Care Occupancies (Large) and Chapter 33 Existing Residential Board and Care Occupancies (Large), in compliance with NDAC 33-03-24.2. The findings that follow demonstrate noncompliance with these standards. Bethany Towers was located on the 2nd, 3rd, 4th, 5th, and 6th floors of a six-story building (Towers I) of Type II (222) construction with a basement and the 2nd, 3rd, and 4th floors of a nine-story building (Towers II) of Type II (222) construction. The facility was protected throughout with an automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for Installation of Sprinkler Systems. The 2nd, 3rd, and 4th floors of Towers II were remodeled in 2018 and 2023 and surveyed using Chapter 32 New Residential Board and Care. Resident evaluation determined a Slow level of evacuation difficulty. The E-Score was 1.67.	K000		
K244	Emergency Egress and Relocation Drills Emergency Egress and Relocation Drills. Emergency egress and relocation drills shall be conducted in accordance with 33.7.3.1 through 33.7.3.6. 33.7.3 This State Licensing Rule is not met as evidenced by: Fire drills must be held monthly with a minimum of twelve drills per year, alternating with all work	K244		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

STATE FORM 6899 S20321 If continuation sheet 1 of 3

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K244	Continued From page 1 shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill, including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification. 4.7.4, NDAC 33-03-24.2-08. The facility failed to conduct fire drills as required. Fire drill records review determined: 1) The Night Shift fire drill conducted at 11:30 PM on 12/29/2022 did not include the use of the fire alarm. 2) The Night Shift fire drill conducted at 12:00 AM on 03/28/2023 did not include the use of the fire alarm. 3) The Night Shift fire drill conducted at 12:30 AM on 06/29/2023 did not include the use of the fire alarm. Failure to conduct fire drills as required increases the risk of death or injury due to fire.	K244	1. On September 27, 2023, we resumed sounding the alarm during night drills. 2. No other portions of the facility are affected since this is the only area we have basic care operations. 3. A note was added to the Building Services Basic Care Fire Alarm Tracking Sheet that says "Alarms must be sounded at the time the drill is completed." 4. Staff responsible for tracking and completing facility EScore documentation will include a monthly report, to the Senior Executive of Housing and Assisted Living, that will list the fire drills completed to date. Report will show the calendar year, the month, date, time and shift the drill was completed. 5. Date of correction: December 29th, 2023.	12/29/2023

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K244	Continued From page 2 The deficiency affected three (3) of twelve (12) drills in the past year.	K244		