

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2024
NAME OF PROVIDER OR SUPPLIER  Western Horizons Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1104 Hwy 12 Hettinger, ND 58639	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>39211</p> <p>Based on review of the facility reported incident (FRI) report, the facility's investigation report, review of facility policy, and resident and staff interview, the facility failed to ensure an environment free of accident hazards for 1 of 1 resident (Resident #1) while bathing. Failure to ensure staff utilized electronic devices safely and not while a resident is in or near water placed the resident at risk for serious injury. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately after learning of the incident.</p> <p>Findings include:</p> <p>Review of the facility policy titled Bath/Shower Tub occurred on 06/19/24. This policy, revised June 2024, stated, . Electronic devices are not to be near bathtub or shower while resident is bathing, in or near standing water.</p> <p>Review of the facility's initial report, dated 06/10/24, identified. Daughter in law came to DON [Director of Nursing] and reported that Resident #1 stated that in her last bath with [name of certified nurse aid (CNA)] as the bath aid that she started to blow dry her hair, while still in the tub full of water.</p> <p>Review of the weekly bath scheduled showed Resident #1 scheduled for tub bath on Tuesday and Friday's. Review of the daily nursing staff assignments showed CNA (#1) scheduled as the bath aid on 06/07/24.</p> <p>During an interview on 06/19/24 at 10:40 a.m., Resident #1 reported she is assisted with a tub bath two times a week and stated, one day I was in the full tub of water and she [CNA #1] grabbed the hair dryer, I told her I don't think you're supposed to use that when I am in the tub. She dried one side of my hair and when I got out of the tub she dried the other side.</p> <p>During an interview on 06/19/24 at 12:20 p.m., an administrative nurse (#2) stated she was notified of the incident on Monday, 06/10/24, by a family member of Resident #1, and immediately sent a message through the staff messaging system to the three bath aids which stated, absolutely no circumstances can you blow dry a resident's hair while they are in a bath full of water. Also, on 06/10 and 06/11, 2024 the administrative nurse (#2) along with the facility administrator completed face-to-face education with each bath aid.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions for the resident affected by the deficient practice by:</p> <ul style="list-style-type: none"> <li>* Completing an investigation following the incident, and</li> <li>* Determining the CNA failed to follow safety practice during a resident bath.</li> </ul> <p>The facility implemented measures to ensure the deficient practice does not recur by:</p> <ul style="list-style-type: none"> <li>* Educating/re-educating bath aides starting on 06/10/24 regarding tub/shower safety,</li> <li>* Revising the facility policy titled, Bath/Shower Tub to include the wording of, Electronic devices are not to be near bathtub or shower while resident is bathing, in or near standing water.</li> <li>* Continued CNA education on Bath/Shower Tub policy,</li> <li>* Adding an audit tool to monitor use of hair dryer as a quality assurance measure.</li> </ul> <p>This surveyor determined a deficient practice existed on 06/07/24. The facility implemented corrective actions by 06/11/24 and continues with staff education and safety monitoring.</p>		