

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 11/14/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42397</p> <p>Based on record review, review of facility policy, and staff interviews, the facility failed to ensure residents remained free from resident to resident abuse for 1 of 1 sampled residents (Resident #3) who experienced unwanted sexual contact with another resident. Failure to identify sexual abuse placed residents at risk for mental and emotional distress.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect and Exploitation occurred on 11/14/24. This policy, revised 03/02/22, stated, . Each resident has the right to be free from abuse . Residents must not be subject to abuse by anyone, including, but not limited to; . other residents . 'Abuse' means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. 'Sexual Abuse' is non-consensual sexual contact of any type with a resident . The facility will consider utilization of the following tips for prevention of abuse, neglect, and exploitation of residents: . Provide education on what constitutes abuse . Assess, monitor and develop appropriate plans of care for residents with inappropriate sexual behavior, whether towards staff or other residents.</p> <p>- Review of Resident #1's medical record occurred on 11/14/24. Diagnoses included dementia, adjustment disorder, mood disturbance, and anxiety. A quarterly Minimum Data Set (MDS), dated [DATE], identified moderate cognitive impairment and independent for ambulation with an assistive device. The care plan, dated 04/11/24, stated, . has also been sexually inappropriate to female staff. Intervene as necessary to protect the rights and safety of others.</p> <p>Review of progress notes identified the following:</p> <p>* 11/20/23 at 2:57 p.m., . [provider name] saw resident r/t [related to] female staff reports of resident's continued inappropriate behavior towards them . new order as follows: 'Start Paxil [an antidepressant used to treat sexual inhibition].'</p> <p>* 01/05/24 at 11:31 p.m., . Resident does have sexually inappropriate behaviors to female resident/staff at times.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* 06/20/24 at 2:48 p.m., Resident was sitting next to a female resident [Resident #3] and put his hand on the upper part of her leg. I removed it and placed it on his knee. later [sic] he again had it on her crotch. I removed his hand and put her at the front table.</p> <p>- Review of Resident #3's medical record occurred on 11/14/24. Diagnoses included depression, and anxiety. A quarterly MDS, dated [DATE], identified severe cognitive impairment. Resident #3's medical record lacked documentation of the interaction with Resident #1 on 06/20/24.</p> <p>During an interview on 11/14/24 at 1:20 p.m., administrative nurse (#2) reported being unaware of the incident of touching between Resident #1 and #3, and confirmed she expected staff to report it.</p> <p>During an interview on 11/14/24 at 1:47 p.m., staff member (#4) confirmed she witnessed the touching between Resident #1 and #3, stated she separated the residents, and explained to Resident #1 that the touch was inappropriate. The staff member (#4) identified Resident #3 as uncomfortable with Resident #1's touch and unsure if she reported it to anyone.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42397</p> <p>Based on record review, review of facility policy, and staff interview the facility failed to report an incident of resident-to-resident abuse to the State Survey Agency (SSA) for 1 of 1 sampled residents (Resident #3) who experienced abuse. Failure to report resident-to-resident abuse allegations and the results of the facility's investigation to the SSA placed all residents at risk for possible abuse.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect and Exploitation occurred on 11/14/24. This policy, revised 03/02/22, stated, . Each resident has the right to be free from abuse . Residents must not be subject to abuse by anyone, including, but not limited to; . other residents . 'Abuse' means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. 'Sexual Abuse' is non-consensual sexual contact of any type with a resident . Anyone in the facility can report suspected abuse . When abuse, neglect or exploitation is suspected . Notify the Director of Nursing and Administrator . In response to allegations of abuse . the facility must: . Ensure that all alleged violations involving abuse . are reported . not later than 24 hours . to the administrator of the facility and to other official (including the State Survey Agency .) in accordance with State law .</p> <p>- Review of Resident #1's medical record occurred on 11/14/24. Diagnoses included dementia, adjustment disorder, mood disturbance, and anxiety. A quarterly Minimum Data Set (MDS), dated [DATE], identified moderate cognitive impairment and independent for ambulation with an assistive device. The care plan, dated 04/11/24, stated, . has also been sexually inappropriate to female staff. Intervene as necessary to protect the rights and safety of others.</p> <p>A progress note, dated 6/20/24 at 2:48 p.m., stated, Resident was sitting next to a female resident [Resident #3] and put his hand on the upper part of her leg. I removed it and placed in on his knee. later [sic] he again had it on her crotch. I removed his hand and put her at the front table.</p> <p>- Review of Resident #3's medical record occurred on 11/14/24. Diagnoses included depression, and anxiety. A quarterly MDS, dated [DATE], identified severe cognitive impairment. Resident #3's medical record lacked documentation of the interaction with Resident #1 on 06/20/24.</p> <p>The facility failed to report the above incident to the administrator and the SSA.</p> <p>During an interview on 11/14/23 at 1:20 p.m., administrative nurse (#2) reported being unaware of the incident between Resident #1 and #3, and confirmed the incident had not been reported to the SSA.</p>		