STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355042	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Western Horizons Care Center	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, review of the facility reported incident (FRI), and review of facility policy, the facility failed to properly utilize assistive devices necessary to prevent accidents for 1 of 1 sampled resident (Resident #1) injured during a transfer. Failure to utilize the appropriate equipment and staff assistance resulted in an injury to Resident #1 and placed all residents at risk for injury. This citation is considered past non-compliance based on review of the corrective actions the facility implemented.Findings Include:The surveyor determined a deficient practice existed on 11/23/25. The facility implemented and completed corrective actions by 03/24/26. Review of the facility policy titled Safe Resident Handling/Transfers With Use of Mechanical lifts occurred on 04/28/26. This policy, dated 05/23/25, stated, . All residents require safe handling when transferred to prevent or minimize risk of injury to themselves and the employees that assist them. While manual lifting techniques may be utilized dependent upon the resident's condition and nobility, the use of mechanical lifts are a safer alternative and should be used. Two staff members must be utilized when transferring residents with a mechanical lift.Review of the initial FRI, dated 11/23/25, stated, . Laceration to right side of head and right hand. Bruising to right eye . It is noted the resident cannot self-transfer. Resident sent to ER [emergency room] for further evaluation.Review of Resident #1's medical record occurred on 04/28/26. Diagnoses included Parkinson's disease and Alzheimer's disease. The care plan stated, . [Resident #1's name] requires substantial assistance by (2) staff to move between surfaces upon waking in the morning until evening. [Resident #1's name] then uses the sit to stand lift and assistance from (2) staff to complete transfers after 5 PM.Resident #1's progress notes, dated 11/23/25 at 11:12 p.m. stated, . I seen that there was a small amount of blood on the floor. Looking at [Resident #1's name], she has a significant lump to her right forehead with small laceration noted above right eye also a laceration noted to right hand. Pt [patient] is non-verbal and non-ambulatory. Unable to do a complete neuro [neurological] assessment R/T [related to] pt's condition. EMS [emergency medical services] called.Review of the facility incident investigation report, dated, 11/29/25, stated, . Conclusions Injuries likely occurred during or shortly after an improper transfer. CNA [certified nurse aide] failed to follow care plan requiring sit-to-stand with two staff.The facility failed to ensure staff preformed a safe resident transfer for Resident #1 which resulted in a transfer to ER and treatment of a head contusion and lacerations. Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented the following corrective actions to ensure all residents affected by the deficient practice were transferred in an appropriate manner. * 11/24/25, Reported the incident to the State Survey Agency. * 11/24/25, Suspended and later terminated the staff member involved in the improper transfer. * 11/29/25, Completed an investigation into Resident #1's injuries. * November 24-28, 2025, Charge nurses completed verbal review of residents care plans to nursing staff during morning report. * March 23-24, 2026, Education completed for all staff on fall prevention and skills competency regarding use of sit-to-stand and full mechanical lifts.

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