STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355048	A. Building B. Wing	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prince of Peace Care Center	201 8th St N Ellendale, ND 58436

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. (continued on next page)

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Based on review of the facility reported incident (FRI) investigation and record review, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for 1 of 1 sampled resident (Resident #1) who fell from a mechanical lift. Failure to ensure proper connection of the sling safety loops to the lift resulted in a fall with injury to Resident #1 and has the potential for falls/injuries for all residents who utilize a mechanical lift. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident.Findings include: The surveyor determined a deficient practice existed on 12/15/25. The facility immediately implemented corrective action, completed corrective action on 12/16/25, and continued with staff education and monitoring. Review of Resident #1's medical record occurred on 12/22/25. The care plan stated, receives hospice services . Utilize the Hoyer lift with A2 [assist of 2 staff] for transfers. The FRI investigation, dated 12/17/25, stated, . On 12-15-25, [Resident #1's initials] was transferred using a full-body mechanical lift in accordance with her care plan. Two CNAs [certified nurse aides] and an LPN [licensed practical nurse] were present in her room. The two CAN's (sic) were assisting with the transfer.While elevated in the sling, [Resident #1's initials] shifted her weight. At that time, a loud pop was heard, and a sling loop disengaged from the lift bar. The lift bar shifted to a perpendicular position, and the resident fell from the sling to the floor. [Resident #1's initials] sustained a laceration to the forehead requiring staple closure. [Resident #1's initials] was transferred via [by] ambulance to [hospital name] for evaluation and treatment, where the forehead laceration was closed with staples. Following a thorough investigation, including reenactments of the transfer, interviews with involved staff, and review of the incident, it was determined that the resident's leaning during the transfer caused the right upper sling strap to slide along the moveable strap attachment bar. This movement resulted in the attachment bar rotating perpendicular to the main crossbar. This configuration along with poor bodily control caused the upper sling strap to slide on the moveable strap attachment bar causing it to become perpendicular to the main crossbar. As a result, the sling strap disengaged from the bar, causing the resident to began moving toward the floor, hitting her head. Upon entry to the room for post-incident assessment, the resident was observed on the floor and sling pad attached to the lift with the upper right loop of the lift pad unattached to the bar.A physician's progress note, dated 12/15/25, stated, . presents [to] the emergency room with EMS (emergency medical services) for evaluation of sustaining a laceration to her left forehead after falling from a Hoyer lift at a skilled nursing facility. Laceration was closed with 7 staples.Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions for all residents who may be affected by the deficient practice as follows:* Completed an investigation into Resident #1's fall.* Education provided to all CNAs and nurses working on 12/15/25 regarding the policy/procedure for mechanical lifts.* All other CNAs and nurses will be educated prior to the start of their next shift.* The lift and sling used during transfer were immediately taken out of use until full inspections could deem the equipment in working order. The inspection found the lift and sling to be in good working order. * Mechanical full-body lift transfer audits were initiated and will continue for a minimum of six weeks. * The resident was assessed by physical therapy for appropriate sling selection and mechanical lift procedures. No changes or additional recommendations were identified. * The safe lift Stop for Safety Process was implemented and incorporated into ongoing audits for all staff completing resident transfers utilizing any lift. * The interdisciplinary team has begun a review of all residents who utilize mechanical lifts to assess safety and appropriateness of current interventions. Additional care plan interventions were added as necessary based on individual resident needs. * All mechanical lift sling sizes were reviewed and reassessed for accuracy and appropriate resident fit.