STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355052	A. Building B. Wing	06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nelson County Health System Care Center	108 E Nyhus Ave McVille, ND 58254

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the facility reported incident (FRI) and investigation, review of facility policy, and staff interview, the facility failed to ensure residents remained free from abuse for 1 of 1 sampled resident (Resident #1) who displayed physical behaviors towards other residents. Failure to provide necessary services to protect residents from abuse resulted in physical abuse. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident. Findings include: The surveyor determined a deficient practice existed on 06/17/25. The facility implemented and completed corrective action on 06/23/25. Review of the facility policy titled Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property occurred on 06/24/25. This policy, revised 07/07/21, stated, . It is the policy of the [facility] that all residents have the right to be free from . physical . abuse . PHYSICAL ABUSE includes hitting, slapping, pinching, and kicking. Review of Resident #1's medical record occurred on 06/23/25. Diagnoses included bipolar disorder, dementia, Parkinson's disease, and schizoaffective disorder. The Annual Minimum Data Set (MDS), dated [DATE], identified physical behaviors directed towards others and worsening behaviors. The current care plan stated, . [Resident #1] can have a behavior problem of wandering, refusing cares, verbal and physical aggression r/t [related to] Dementia, Parkinson's Disease. Administer medications as ordered. [Resident #1] can be physically aggressive at times. Use [a] positive approach to cares and interactions. Ask for more staff assistance as needed. Facility is pursuing placement in a special care unit d/t [due to] his elopement . A progress note, dated 06/17/25 at 2:31 p.m., stated, . This resident [#1] slapped resident [#2] on the L) [left] side of her face and pulled her hair. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355052	A. Building B. Wing	06/23/2025

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The FRI, dated 06/18/25, stated, . Resident [#1], was sitting in his wheelchair in the day room when Resident [#2] came up beside him in her wheelchair. Resident [#2]'s wheelchair got hung up on this resident's wheelchair. He took a swing with a closed fist and connected with her head, on the R [right] side above her temple and glasses. They were separated without incident. Again at [2:30 p.m.] Resident [#1] came past Resident [#2] . This resident slapped resident [#2] on the L) side of her face and pulled her hair. Again, they were separated by staff without difficulty. Resident [#1] is on hourly checks d/t an elopement risk. These [hourly checks] will continue for this reason as well. Resident [#2] will be monitored hourly for her safety. Staff will be informed of this, and will be told to be on the alert for any other residents that [Resident #1] may target. During interviews on 06/23/25 at 4:45 p.m. and 5:30 p.m., an administrative nurse (#1) reported Resident #2 did not have any injuries following the incident. We developed safety plans for both residents and educated staff. Staff are checking on them on an hourly basis. Based on the following information, non-compliance at F600 is considered past non-compliance. The facility implemented corrective actions for residents who may be affected by the deficient practice as follows: * Completed an investigation into the incidents that occurred on 06/17/25 involving Resident #1 and #2, * Developed a safety plan for Resident #1 and #2, * Educated direct care staff regarding the safety plans that required hourly monitoring of Resident #1 and #2, * Implemented audits to ensure both residents were monitored hourly, * Monitored incidents involving resident-to-resident abuse, and * Arranged for Resident #1's transfer to a locked memory care unit at another facility.