

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Knife River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 22nd St NE Beulah, ND 58523	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 13101</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure an environment free of accident hazards for 1 of 1 sampled resident (Resident #5) who experienced a burn related to hot coffee. Failure to ensure appropriate coffee/water temperatures resulted in Resident #5 sustaining burns and placed all residents at risk for serious burns/injuries.</p> <p>During the on-site facility reported incident (FRI) investigation, the team consulted with the State Survey Agency (SSA) and determined an Immediate Jeopardy (IJ) situation existed on 07/03/24. A nursing progress note, dated 07/03/24 at 1:03 p.m., stated, . Resident fell asleep at the table and spill [sic] hot coffee on her lap. Taken back to her room, pants removed. Large area of redness to bilateral thighs (top and inner) with blistering noted. The IJ resulted from temperature readings obtained from the coffee/hot water machine, a lack of temperature monitoring by staff, and an injury to a resident. This finding placed residents in immediate danger due to hot temperatures and potential for serious burns.</p> <p>*07/08/24 at 5:58 p.m. the survey team notified the administrator of the IJ situation, provided the IJ template, and requested a plan for removal of the IJ.</p> <p>*07/09/24 at 8:30 a.m. the survey team reviewed and accepted the facility's removal plan for the IJ.</p> <p>The removal plan contained the following:</p> <p>*Education sent to all staff members who worked on 07/08/24. A mass notice sent to all staff on 07/08/24 informing them they will be provided education before the start of their next shifts.</p> <p>*Education included training staff members on the correct procedure for taking temperatures of hot liquids and ensuring the beverages are less than 140 degrees Fahrenheit (F) prior to serving them to residents.</p> <p>*Education identified staff are not to serve hot beverages to resident that temped higher than 140 degrees Fahrenheit (F) and to hold the beverage until the temperature is less than 140 degrees (F) before serving the beverage to a resident.</p> <p>*07/10/24, the survey team verified the implementation of the removal plan as of 07/08/24 and the IJ removal. The deficient practice remained at a G scope and severity following the removal of the immediate jeopardy.</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Findings include:</p> <p>Review of Resident #5's medical record occurred on 07/08/24. Nursing progress notes included the following:</p> <p>- 07/03/24 at 1:03 p.m. Resident fell asleep at the table and spill [sic] hot coffee on her lap. Taken back to her room, pants removed. Large area of redness to bilateral thighs (top and inner) with blistering noted. Assisted to bed and placed in a gown. Call placed to [physician's name] office. Awaiting return call. [Family's name] notified.</p> <p>- 07/03/24 at 3:15 p.m. IDT [interdisciplinary team] met and reviewed incident regarding resident spilling her coffee. Resident to have covered mugs for all hot liquids.</p> <p>- 07/04/24 at 7:47 a.m. L) [left] thigh has 5 large fluid filled blister [sic]. R) [right] has 1 fluid filled blister. cleansed with gentle soap and water. Applied bacitracin [antibiotic ointment]. Telfa to cover with kerlix [a gauze strip] to hold dressing in place.</p> <p>Resident #5's care plan identified a focus initiated on 01/17/23, which stated, Resident is at risk for injury related to hot liquids. She has spilled tea on her hand, arm and thighs in the past . Remind staff to assure that resident has a coffee mug with a cover. RESIDENT DOES REMOVE COVERS FROM MUGS .</p> <p>During an interview on 07/08/24 at 1:18 p.m., an administrative nurse (#2) identified the mug lids were not on the meal ticket or the dietary care plan at the time Resident #5 spilled her coffee in the dining room.</p> <p>Staff interviews conducted by the facility while investigating Resident #5's coffee spill failed to identify a lid on the coffee cup or that during the meal the resident removed the lid.</p> <p>During an interview on 07/08/24 at 3:45 p.m., an administrative staff member (#1) confirmed the tray provided to Resident #5 at the noon meal on 07/03/24 lacked a lid on the hot beverage.</p> <p>Temperatures obtained by the dietary staff member (#3) with the surveyor on the afternoon of 07/08/24 showed the following:</p> <p>* Harvest Lane kitchenette: Coffee 170 degrees F</p> <p>* Whispering Winds kitchenette: Coffee 164 degrees F, hot water 186.9 degrees F* [NAME] Lane kitchenette: Coffee 161 degrees F, hot water 178.5 degrees F* Coffee/cappuccino machine: Coffee 171.1 degrees F, and cappuccino 155.7 degrees F</p> <p>During interviews on the afternoon of 07/08/24 with staff members from administration (#1 and #2) and dietary (#3, #4, and #5), all confirmed the facility failed to monitor the temperature of hot beverages before, on the day of, or since Resident #5 experienced burns from hot coffee.</p>		