STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355053	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knife River Care Center	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)
F 0600 Level of Harm - 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** 39211 Based on review of the facility reported incident and investigation documents, record review, review of facility policy, and staff interview, the facility failed to ensure residents remain free from abuse for 1 of 1 sampled resident (Resident #1) who experienced physical abuse. Failure to immediately investigate an incident of physical abuse and provide necessary services to protect residents from harm resulted in an unsafe environment and the potential for further harm. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: This surveyor determined a deficient practice existed on 08/10/24. The facility implemented corrective action and completed on 08/13/24. Review of the facility policy titled Abuse Prohibition Policy occurred on 08/14/24. This policy, revised November 2023, stated, . Residents must not be subject to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals. Abuse shall be defined as follows: . 'Physical abuse' shall include hitting, slapping, pinching, and kicking. Any alleged violation(s) should be recorded and reported immediately to the facility Administrator and/or designee. All alleged acts or suspected acts of abuse, neglect, or misappropriation of resident property reported shall be immediately and thoroughly investigated and reported . Any investigation may be expanded to include law enforcement officials at any phase of the investigation where there is a reasonable suspicion to indicate that a criminal act has been committed. Review of the facility reported incident information identified on 08/10/24 at 2:30 p.m. Resident #1's daughter came to the facility to visit. The activity aide observed the daughter had her hand around Resident #1's arm and described the grip as a firm grip causing the arm to be a different color. The activity aide followed Resident #1 and her daughter to the resident room. Resident #1 pulled away from the daughter and [name of daughter] simultaneously slapped Resident #1 across the face. The activity aide involved the charge nurse and removed the daughter from the situation. Review of Resident #1's medical record occurred on 08/14/24. An admission Minimum Data Set (MDS), dated [DATE], identified severely impaired cognition. Review of the progress notes identified the following: (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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F 0600 Level of Harm - Actual harm Residents Affected - Few	* 08/10/24 at 2:06 p.m., Activities director, [name of staff member], reported res [resident] daughter was in res room slapping her in the face. This nurse, [name of staff member], LPN [licensed practical nurse] went to the room and asked daughter to leave facility and tell daughter abuse is not tolerated at this facility. * 08/12/24 at 11:18 am, Updated provider regarding situation on Sat [Saturday] and that resident hands are bruiesed [sic] and concern of left hand 3rd digit. Provider asked that we have her seen by her today, and son be present. Son in agreement. * 08/12/24 at 9:55 p.m., Offered ice wrapped in towel for her L [left] dislocated middle finger. Resident was doing cold compress for 20 min. Review of the physician Order Summary Report dated, 08/12/24, identified a fracture of the mid and distal portion of proximal phalanx and possible dislocation of middle joint of third finger. To ER [emergency room] for reduction, splinting . Review of the facility's investigation document, completed by the administrative staff member (#1), identified the following notes; . On 8/12/24 . I then went to interview [Resident #1]. [Resident #1] did not remember what happened. I did observe massive dark bruises to [Resident #1] hands and her finger was bent in an abnormal way. [Resident #1] was not willing to show me her upper arms to check for bruising. The medical record lacked monitoring and/or documentation of Resident #1's skin condition such as bruising, condition of fingers/hands, and pain or discomfort following the reported incident on 08/10/24 until 08/12/24, two days later, after Resident #1 returned from the emergency room . During an interview the afternoon of 08/14/24 when asked about the lack of documentation regarding Resident #1's bruising and her finger bent in an abnormal way, an administrative staff member (#1) reported they are in the process of completing staff interviews. Based on the following information, non-compliance at F600 is considered past non-compliance. The facility implemented corrective actions as follows: * The interdepartmental team met to problem solve, implement changes and interventions for resident care and safety. * Providers were notified, follow up care and treatment provided. * The local police department and Women's Action Resource Center (WARC) were notified and involved. * A No Trespassing order to be served to the family member. * The Resident Representative(s) and State Ombudsman was notified of the incident and actions implemented. * Education to all managers regarding the facility abuse policy, reporting time period, response to allegations of abuse, and action plan implemented. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	* All staff education regarding the facility abuse policy, notification to management staff, assuring resident safety/protection and the facility action plan implemented.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39211 Based on review of the facility reported incident (FRI), record review, review of facility policy, and staff interview, the facility failed to report an incident of abuse for 1 of 1 sampled resident (Resident #1) who experienced physical abuse to the State Survey Agency (SSA) . Failure to report an event of physical abuse in the prescribed time frame does not comply with regulations established to protect residents. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: This surveyor determined a deficient practice existed on 08/10/24. The facility implemented corrective action and completed on 08/13/24. Review of the facility policy titled Abuse Prohibition Policy occurred on 08/14/24. This policy, revised November 2023, stated, . Residents must not be subject to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals. Abuse shall be defined as follows: . 'Physical abuse' shall include hitting, slapping, pinching, and kicking. Any alleged violation(s) should be recorded and reported immediately to the facility Administrator and/or designee. The Administrator or his/her designee will report to other officials through established procedures and in accordance with State law (including to the State survey and certification agency) as warranted. The Administrator or his designee shall report the allegation to the State survey and certification agency within a 24-hour time period unless the event resulted in serious bodily injury then it needs to be within 2 hours. Review of Resident #1's medical record occurred on 08/14/24. An admission Minimum Data Set (MDS), dated [DATE], identified severely impaired cognition. A nurse's note, dated 08/10/24 at 2:06 p.m., stated, Activities director, [name of staff member], reported res [resident] daughter was in res room slapping her in the face. This nurse, [name of staff member], LPN [licensed practical nurse] went to the room and asked daughter to leave facility and tell daughter abuse is not tolerated at this facility. During an interview the afternoon of 08/14/24, an administrative staff member (#1) reported he/she received a phone call from the charge nurse on 08/10/24, regarding the incident, and that the charge nurse had instructed the daughter to leave the facility. The administrative staff member (#1) reported on 08/12/24, he/she began an investigation and notified the SSA. During an interview the afternoon of 08/14/24, an administrative staff member (#2) confirmed the facility did not report the incident to the SSA within the required 2 to 24-hour time period. Based on the following information, non-compliance at F609 is considered past non-compliance. The facility implemented corrective actions as follows: * The interdepartmental team met to problem solve and implement changes. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* Education to all managers regarding the facility abuse policy and reporting time period to state survey agency. * All staff education regarding the facility abuse policy, assuring resident safety and protection and notification to management staff.