

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  11/26/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40488</b></p> <p>Based on review of the facility reported incident and investigation documents, record review, and review of facility policy, the facility failed to ensure residents remained free from abuse for 1 of 1 sampled resident (Resident #2) who experienced physical abuse. Failure to ensure an environment free from abuse placed Resident #2 and all other residents residing in the memory care unit at risk for abuse, fear, anxiety, and/or psychosocial harm. This citation is considered past non-compliance based on review of the corrective action the facility implemented following the incident.</p> <p>Findings include:</p> <p>The surveyor determined a deficient practice existed on 11/12/24. The facility implemented and completed corrective action on 11/12/24.</p> <p>Review of the facility policy titled ABUSE PROHIBITION POLICY occurred on 11/26/24. This policy, dated 09/05/24, stated, . Residents must not be subject to abuse by anyone, including, but not limited to, . other residents . Abuse shall be defined as follows . 'Abuse' shall mean the willful infliction of injury . resulting in physical harm or pain or mental anguish . 'Physical abuse' shall include hitting, slapping, pinching, and kicking.</p> <p>Review of the facility reported incident information identified on 11/12/24 at 2:00 p.m. two staff nurses (#1 and #2) heard moaning outside an office. The nurses found Resident #2 lying on the floor on his back outside the office and observed Resident #1 seated in a wheelchair kicking Resident #2 in the lower leg. One of the nurses immediately removed Resident #1 to ensure Resident #2's safety.</p> <p>Review of Resident #1's medical record occurred on 11/26/24. A quarterly Minimum Data Set (MDS), dated [DATE], identified severely impaired cognition. The care plan stated, . has a behavior problem r/t [related to] childhood trauma. LOCOMOTION . ambulates via wheelchair per self-and/or staff assistance, depending on his day . becomes aggressive towards other residents . is/has a potential to become agitated r/t dementia . has a behavior problem (physical and verbal symptoms) r/t dementia .</p> <p>Resident #1's progress notes stated the following:</p> <p>* 11/12/24 at 3:49 p.m., . At 1400 [2:00 p.m.] I found resident in wheelchair kicking another resident who was on the floor. Staff interjected. Family and provider updated.</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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NAME OF PROVIDER OR SUPPLIER  Knife River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  118 22nd St NE Beulah, ND 58523	
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* 11/12/24 at 5:29 p.m., . Resident placed on 15 minute checks 24/7 [around the clock] for duration of investigation. Staff were educated on 15 minute checks and redirection as needed.</p> <p>* 11/15/24 at 10:37 a.m., . Called [Power of Attorneys name] and offered a room change to a different unit and she stated no that WW [Whispering Winds memory care unit] is now his home.</p> <p>- Review of Resident #2's medical record occurred on 11/26/24. A quarterly MDS, dated [DATE], identified severely impaired cognition. The care plan stated, . ambulates independently without any assistive device . is a wanderer r/t Disoriented to place, impaired safety awareness, Resident wanders aimlessly . is/has potential to be verbally aggressive r/t Dementia and hostility . has potential to be physically and verbally aggressive r/t dementia. has a communication problem r/t cognitive deficits. Has dx of early onset Alzheimer's disease and dementia. Is sometimes understood and usually understands .</p> <p>Resident #2's progress notes stated the following:</p> <p>* 11/12/24 at 3:36 p.m., . At 1400 I heard resident moaning so myself and another nurse went to see why he was moaning, he was on the floor on his back and another resident was in a wheelchair beside him kicking him. Resident kicking was removed, myself and other staff assessed resident and got him upright, no injuries noted, resident denies discomfort at this time, . Family and provider updated.</p> <p>Based on the following information, non-compliance at F600 is considered past non-compliance. The facility implemented corrective actions as follows:</p> <p>* The interdisciplinary team met to problem solve and implement changes and interventions for resident care and safety.</p> <p>* Notified providers of the incident.</p> <p>* Notified resident representatives of the incident and actions implemented.</p> <p>* Education provided to all staff on the Whispering Winds unit on action plan and behavioral interventions that work best for Residents #1 and #2.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>40488</p> <p>Based on record review, the facility failed to review and revise care plans to reflect residents' current status for 1 of 2 sampled residents (Resident #1). Failure to update Resident #1's care plan limited staffs ability to communicate needs and ensure continuity of care.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record occurred on 11/26/24. The nursing progress notes stated the following:</p> <p>* 03/19/24 at 2:37 p.m., . Resident struck another resident. Resident kicking unit doors stating he is going to hell, resident told staff he was going to hang himself.</p> <p>* 03/25/24 at 10:26 p.m., . Resident had behaviors tonight, mentioned about committing suicide .</p> <p>* 04/06/24 at 3:32 p.m., . CNA [certified nurse aid] reported . res [resident] sitting in his wheelchair . began talking about his bandages on his hands to the CNA, he became increasingly verbally agitated and then stated, ' I'm just gonna commit suicide!' .</p> <p>Resident #1's care plan failed to include history of suicidal ideation.</p>