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| 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 02/26/2025 |
| 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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>28398</p> <p>Based on observation, review of facility cleaning logs, and family and staff interview, the facility failed to ensure a safe, clean, comfortable, and homelike environment for 2 of 11 sampled residents (Resident #32 and #65) who required a wheelchair. Failure to maintain a safe, clean, and sanitary environment may lead to injury from unsafe equipment, does not provide a homelike living area for residents, and fails to promote quality of life.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Observation on 02/24/25 at 9:57 a.m. showed Resident #32's wheelchair in disrepair, with the vinyl of the armrest pads cracked, missing pieces, and flaking. <p>During an interview on 02/26/25 at 11:28 a.m., a staff member (#4) confirmed the armrest pads need replacement.</p> <ul style="list-style-type: none"> - During an interview on 02/24/25 at 4:50 p.m., a family member (#1) of Resident #65 stated staff do not clean his Broda chair (special type of wheelchair) or his room, noting tissues and a lollipop stick on the floor. The family member pointed to dried feces on the frame of the Broda chair. Observation showed a dried brown substance with the odor of feces on the metal frame and on the middle crossbars beneath the seat. <p>Observation on 02/25/25 at 3:24 p.m. showed Resident #65's Broda chair contained food debris in the area between the seat and chair sides, in the pocket-like area at the top of the leg rests, and on the arm rests. The dried feces remained on the frame. A certified nurse aide (CNA) (#5) agreed the chair needed cleaning and took it to the shower to clean it.</p> <p>Review of the facility's Nite [sic] Shift Wheelchair/Walker & [NAME] Cleaning Schedule occurred on 02/25/25. The schedules for December 2024 - February 2025 showed Resident #65's Broda chair scheduled for weekly cleaning every Saturday night and showed staff failed to sign off on this task for seven of the 12 scheduled weeks.</p> <p>During an interview on 02/25/25 at 3:38 p.m., an administrative nurse (#1) stated she expected staff to clean the wheelchairs on the night shift weekly as scheduled.</p> <p>46477</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46477</p> <p>Based on observation, record review, review of manufacturer's instructions, and staff interview, the facility failed to provide adequate assistance for 1 of 4 sampled residents (Resident #40) observed during a ceiling lift transfer. Failure to ensure proper use of the ceiling lift, including use of the sling/straps, placed the resident at risk for a fall and injury.</p> <p>Findings include:</p> <p>Review of the manufacturer's instructions for the Maxi Sky 2 (ceiling lift) stated, . Method 1-Cross-through, legs closed with crossing straps .</p> <p>Review of Resident #40's medical record occurred on all days of survey. The current care plan stated, . The resident has limited physical mobility r/t [related to] contractures, weakness . requires a ceiling track for transfers .</p> <p>Observation on 02/24/25 at 10:28 a.m. showed a certified nurse aid (CNA) (#3) transferred Resident #40 from the wheelchair to the bed. The CNA attached the leg strap loops of the sling to the spreader bar and failed to use the cross-through method.</p> <p>During an interview on 02/26/25 at 9:34 a.m., a nursing supervisor (#4) confirmed staff should use the cross-through method with the sling straps, especially with Resident #40 due to his muscle weakness.</p> |