

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Benedictine Living Center of Garrison		STREET ADDRESS, CITY, STATE, ZIP CODE 609 4th Ave NE Garrison, ND 58540	
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of facility policy, and staff interview, the facility failed to ensure the resident's right to request, refuse, and/or discontinue treatment for 1 of 1 closed record resident (Resident #4) reviewed for advanced directives. Failure to honor the resident/resident representative's wishes for code status resulted in unwanted treatment for Resident #4. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident.</p> <p>Findings include:</p> <p>This surveyor determined a deficient practice existed on [DATE]. The facility implemented corrective action and completed on [DATE].</p> <p>Review of the facility policy titled Initiation of CPR/AED [cardiopulmonary resuscitation/automated external defibrillator] and BLS [basic life support] Associate Training Expectations occurred on [DATE]. This policy, dated 2018, stated, . CPR/AED will be initiated on a resident who is found unresponsive, except when: 1) a Provider medical order states a code status of DNR [do not resuscitate] .</p> <p>Review of Resident #4's medical record occurred on all days of survey. A Physician Order for Life Sustaining Treatment form, dated [DATE], stated, . DNR/DO NOT ATTEMPT RESUSCITATION .</p> <p>Review of Resident #4's nursing notes, dated [DATE], identified the following:</p> <p>* 7:39 a.m., At 0300hrs [3:00 a.m.], neighbor [Resident #4] was found irresponsive [sic] . was turning blue in color so I performed CPR . I checked . blood sugar and it was 66 mg/dL [milligrams per deciliter] and I called 911. [Resident #4] was sent out to [hospital] for further evaluation.</p> <p>* 10:13 a.m., 0920 [9:20 a.m.] - neighbor came back from [hospital] assisted by CNA [certified nurse aide] per wheelchair. Neighbor is alert, awake and conversant, confused at times. Neighbor still has dry cough, clear lung sounds, bilateral, audible grunting upon inspiration, SPO2 [oxygen saturation]: 91% [percent] at room air . [Resident #4] received only Glucagon [medication used to treat low blood sugar] nasal spray as per nurse, no IV [intravenous] fluids were given. Chest x-ray was done, no significant changes as per nurse. Labs done.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 355064	Facility ID: 355064 If continuation sheet Page 1 of 2

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:25 p.m., an administrative staff (#1) confirmed the nurse (#2) performed CPR on Resident #4 even though the resident had a DNR order, and expected staff to follow resident code status orders.</p> <p>Based on the following information, non-compliance at F578 is considered past non-compliance. The facility implemented corrective actions as follows:</p> <ul style="list-style-type: none"> * Educated staff nurse (#2) on the facility policy Initiation of CPR/AED and BLS Associate Training Expectations on [DATE]. * Implemented a new process to easily identify residents with a Full Code code status at the resident bedside and educated all staff on the new process on [DATE].