STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Benedictine Living Center of Garrison	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of the facility reported incident (FRI) investigation, record review, and review of facility policy, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for 1 of 1 sampled resident (Resident #1) who fell from a mechanical lift. Failure to safely use the mechanical lift resulted in a fall with injury. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: The surveyor determined a deficient practice existed on 06/17/25. The facility immediately implemented corrective action, completed corrective action on 06/18/25, and continues with staff education and monitoring. Review of the facility policy titled Using a Mechanical Lift occurred on 06/18/25. This policy, dated October 2024, stated, . At least two (2) trained associates are needed to safely move a resident with a mechanical full body . lift . Review of Resident #1's medical record occurred on 06/18/25. The care plan stated, . Utilize the Hoyer lift with A2 [assist of 2 staff] for transfers. (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 0689 Level of Harm - Actual harm Residents Affected - Few	The FRI investigation, dated 06/17/25, stated, . At approx. [approximately] 9:00am by [therapy staff #2], came to SSD [social service designee] office to advise that just prior . CNA [certified nurse aide #1] came out of [Resident #1's room] and asked [therapy staff #2] to come to the room. [CNA #1] appeared very upset and had blood on her hands and yelled to [therapy staff #2] '[Resident #1] rolled out of bed.' [therapy staff #2] did respond to room where she found [resident #1] on the floor. [CNA #1] stated to [therapy staff #2], 'I didn't have her up in the stand because I know I need 2 people.' She [Resident #1] was laying on her left side next to her bed with her head at the head of the bed and feet at the foot of the bed. She [Resident #1] had blood on her head and there was blood on the floor. SSD interviewed [Resident #1's roommate, Resident #2] at approx. 9:25am and inquired about the events. Roommate [Resident #2] advised that she was lying in bed and woke up to see [Resident #1] in the hoyer lift sling. She stated the sling had been 'swinging' and then she saw [Resident #1] suddenly fall to the ground. [Resident #1] then began screaming. When asked who all was in the room at the time, [Resident #1's roommate] advised it was only her, [Resident #1] and [CNA #1]. SSD advised that [Resident #2] had already told SSD what had happened, at which point [CNA #1] . stated 'I did it, I dropped her from the sling .' . she [CNA #1] went on to explain that she had gotten [Resident #1] onto the sling, had raised the lift and was beginning to move the lift into position to put [Resident #1] in her chair and [Resident #1] slid out of sling, head first. A physician's progress note, dated 06/17/25, stated, . fell out of her Hoyer lift. She hit her head on the floor and had began to develop a goose egg. She does have pain where she hit her head. clinical impression . abrasion of scalp . Acute headache . The facility failed to ensure two staff assisted while transferring Resident #1 with a mechanical lift. Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions for all residents who may be affected by the deficient practice as follows: * Completed an investigation into Resident #1's fall. * Terminated CNA #1. * Inservice completed regarding the policy/procedure for mechanical lifts. * Education provided to all CNAs and nurses working on 06/17/25. * All other CNAs and nurses will be educated prior to the start of their next shift.