STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355066	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wishek Living Center	400 S 4th St Wishek, ND 58495

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32641 Based on record review and review of the facility reported incident investigation, the facility failed to ensure food served accommodated resident allergies for 1 of 1 resident (Resident #1) who was hospitalized for an allergic reaction. Failure to ensure resident allergies are noted and followed while serving meals resulted in hospitalization and treatment for an anaphylactic reaction. 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 04/19/24. The facility implemented corrective action and completed all staff education on 04/22/24. Review of Resident #1's medical record occurred on 05/02/24 and included diagnoses of dementia and an allergy to fish on admission. The resident's current care plan stated, Resident has known allergy to: Fish . Resident will not receive (med, food, substance) to which he has a known allergy. Be alert to food allergies. Resident's diet card noted Fish/Seafood allergy. Review of Resident #1's progress notes identified the following: * 04/19/24 2:12 p.m. nurse entered dining room @ [at] 1250 [12:50 p.m.] to see resident with eyes closed . noted resident to be slow to respond . pale/grey in color. Resident taken back to . room . BP [blood pressure] 76/47, T [temperature] 96.9, P [pulse] 92, R [respirations] 16, 02 [oxygen saturation] 92% on RA [room air]. 10 mins [minutes] and resident was slumped to L) [left] side, color was more pale/grey, and was again slow to respond. BP taken 57/37, notified resident coordinator who came to room and assessed. Physician notified of status and wanted resident seen in ER [emergency room], Son [name] notified and consented to have resident transferred . Resident did loose [sic] consciousness x [times] 2 for seconds at a time . manual BP's taken unable to read/hear, could not get 02 readings, oxygen started 2L/NC [2 liters per nasal canula] for comfort, noted . [resident] to be red in color. Resident transferred to ER by ambulance, left facility @ 2pm. * 04/19/24 3:59 p.m. [provider name from hospital] called and stated that resident will be admitted to hospital for alergic [sic] reaction . Son [name] contacted and is aware, hospital has updated him on status. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355066	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wishek Living Center	400 S 4th St Wishek, ND 58495

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	* 04/22/24 1:00 p.m. Resident returned from hospital approximately 10:15 this morning. hospitalized on , d+[DATE] . for . anaphylactic reaction. The facility's investigation report, dated 04/19/24, stated, . [kitchen staff] in charge of reading the cards that lists the resident's diet, allergies, and likes/dislikes. [kitchen staff] read [Resident #1's] name and did not say anything else on the card . [Resident] was treated at the hospital for anaphylactic shock . Based on the following information, non-compliance at F806 is considered past non-compliance. The facility implemented corrective actions to ensure the deficient practice does not recur by: * The facility completed an investigation with interviews of staff that determined the cause of the incident. Kitchen staff failed to read and follow allergy (fish) noted on diet card. Resident #1 was served fish during lunch on 04/19/24. * Provided immediate dietary staff education regarding importance of reading diet cards every time. You must be reviewing these for every meal. When serving, the person reading cards must announce the resident, the diet, and any allergies or dislike pertaining to that day's meal. Additional dietary staff education completed the same day before dietary staff left regarding changing the format of the diet cards and placing the allergies in red lettering. * On 04/22/24 implemented the use of newly formatted resident diet cards with allergies noted in red lettering. * On 04/22/24 provided education via written information e-mailed to all staff regarding newly formatted resident diet cards with allergies noted in red lettering. The education included the process for breakfast, lunch, supper, and room tray delivery. * On 04/22/24 dietary staff educated and received hard copy of newly formatted resident diet card and process for serving food. * Random audits completed by dietary supervisor to ensure the new process is followed.