

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Towner County Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 228 1st Ave Cando, ND 58324	
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 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>Based on review of the facility reported incident (FRI) investigation, record review, review of facility policy, and staff and resident interviews, the facility failed to ensure each resident received adequate supervision to prevent accidents for 1 of 1 sampled resident (Resident #4) investigated for a fall. Failure to ensure staff provided hands on assistance with ambulation resulted in a fall with injury to Resident #4 and has the potential for all residents who require hands on assistance with ambulation to experience falls and/or injury. Findings include Review of the facility policy titled Fall Prevention Policy occurred on 01/14/26. This policy, dated 10/03/24, stated, . Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. Review of the FRI investigation, received from the facility on 03/19/25, stated, . RN [registered nurse] [#9] verbally reported CNA [#8] called her into the room and when she came in found [Resident 4] on the floor with a quarter size open flap to right posterior head with active bleeding. RN [#9] reported she asked CNA [#8] twice if she lowered her to the ground. RN [#9] reported the CNA did not answer her. LBSW [licensed baccalaureate social worker] [#5] interviewed [Resident #4], about the fall she had. [Resident #4] stated she was walking to the bathroom and fell part way between the area by the sink and the toilet. [Resident #4] stated the CNA [#8] put a gait belt on her and opened the door for her. [Resident #4] stated she walked to the bathroom by herself and the CNA was in the bedroom. When asked where the CNA was at this time, [Resident #4] stated she was in the bedroom beside her recliner. [Resident #4] stated she tried to catch her balance but was unable to do so. She hit her head on the countertop. [Resident #4] stated, I really cracked it, I can still hear the sound. This writer asked if the other CNA's hold onto her when she walks to the bathroom. She said yes, they all hang onto me, even the men do. [Resident #4] stated the CNA [#8] put the belt on her but did not walk in with her. It is noted [Resident #4] visited with three different staff members, and each time she reported she walked into the bathroom alone, and the CNA [#8] was in the other room. Resident #4's nursing progress notes stated the following:* 03/16/25 at 12:00 p.m. CNA called me to the BR [bathroom]. Res sitting on her buttocks in front of the sink area. CNA [#8] states she was walking her to the toilet when her rt [right] ankle twisted and she began to fall. Hit her head on the countertop. Has quarter sized open flap to rt post [posterior] head with active bleeding. Alert, oriented to what happened . Admits to pain at open site only. Denies HA [headache]. During an interview on 01/13/26 at 9:45 a.m., Resident #4 stated she has not had any recent falls, Since I cracked my head on the countertop. When asked about that fall and if CNA helped her walk to the bathroom, Resident #4 stated, No she put the belt on me but did not walk with me into the bathroom. She was in the other room by my recliner. During interview on 01/14/26 at 2:43 p.m., an administrative staff member (#2) stated she expected staff to ensure residents received adequate assistance and followed the residents care plan.</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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