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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355069 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/04/2024 |
| NAME OF PROVIDER OR SUPPLIER Eventide Heartland | | STREET ADDRESS, CITY, STATE, ZIP CODE 620 14th Ave NE Devils Lake, ND 58301 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>27221</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to provide the resident and/or the resident's representative a written bed hold notice for 1 of 1 closed record (Resident #10) reviewed for hospital transfers. Failure to provide a written copy of the bed hold notice does not allow the resident and/or their representatives to make an informed decision regarding their care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Bed-Hold occurred on 12/04/24. This policy, revised October 2021, stated, . Upon transfer/admission to the hospital, the Social Worker or designee will complete the following information with the resident/responsible party. * Review Notice of Transfer For hospitalization (ND [North Dakota]) . and obtain signature. * Review Bed Hold form and obtain signature. * Provide a signed copy to the resident/responsible party. * Ensure that a copy of the notice(s) accompanies the resident to the hospital. * File the signed forms in the resident's electronic health record.</p> <p>Review of Resident #10's medical record occurred on all days of survey and identified a hospital transfer occurred on 11/18/24. The medical record lacked documentation the facility provided Resident #10 and/or the resident's representative with a written bed hold notice.</p> <p>During an interview on 12/04/24 at 4:45 p.m., an administrative staff member (#2) confirmed staff failed to provide the required bed hold notice to the resident and/or the resident's representative upon transfer to the hospital.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27221</p> <p>Based on record review, review of the facility reported incident and investigation documents, and review of facility policy, the facility failed to provide appropriate supervision and/or assistance to prevent an accident for 1 of 1 resident (Resident #1) who fell during a mechanical stand lift transfer. Failure to provide two-person assistance and failure to utilize the shin strap resulted in Resident #1's fall from the stand lift, injury, and placed all residents transferred via a stand lift at risk for falls and/or injury. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident.</p> <p>Findings include:</p> <p>The surveyor determined a deficient practice existed on 09/17/24. The facility completed the corrective action on 09/23/24.</p> <p>The final facility reported incident report, dated 09/17/24, stated, . The charge nurse was outside of room and heard resident calling for help in a loud tone, nurse immediately went in to investigate. Upon entering the room, the nurse witnessed [Resident #1] on the floor with the wheelchair behind her. The PAL [type of mechanical lift] lift jacket was secured around mid-upper chest; the residents' [sic] hands were outstretched above her head, not touching the lift handles. Residents' [sic] lower legs and feet were resting on the right side of PAL foot board. Leg straps were not secured in place at the time of fall. [Name of certified nurse aide (CNA #1)], the CNA working with resident that evening, was seen standing at operating pad of PAL lift. [Resident #1's] right hip grazed the foot pedal of the wheelchair in [sic] which caused an abrasion to her right hip. RCM [Resident Care Manager] witnessed several transfers with resident . The transfers witnessed went without concern, therefore the care plan was left as assist x [times] 2 staff via Pal Lift.</p> <p>Review of the facility policy titled Standing Lifts occurred on 12/04/24. This policy, revised January 2024, stated, . Secure leg straps around the resident's lower legs for additional security and support if appropriate.</p> <p>Review of Resident #1's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated [DATE], identified dependence on staff for sit-to-stand transfers. The current care plan stated, . assist of two for all transfers for safety of resident . transfers from wheelchair, recliner, or toilet PAL lift assist x 2 with . leg strap secured.</p> <p>The progress notes stated the following:</p> <p>* 09/17/24 at 11:59 p.m., . Time of fall: 2000 [8:00 p.m.] . Fall had acquired [sic] during transfer via PAL lift. Abrasion to R) [right] hip . Staff educated to follow plan of care appropriately. Resident is to be assist x 2 for all transfers.</p> <p>* 09/18/24 at 8:00 a.m. and 4:00 p.m., . Resident ROM [range of motion] as before fall. She said her right hip is sore but denies any other pain.</p> <p>(continued on next page)</p> | | |

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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>* 09/28/24 at 8:40 a.m., . has a healed scratch to right lateral hip and small pink scratch to her left upper scapula [shoulder blade] .</p> <p>Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions to ensure the deficient practice does not recur by:</p> <ul style="list-style-type: none"> * Completing an investigation on 09/17/24, including an interview with the CNA #1 who transferred Resident #1 via a stand lift. * Determining the CNA #1 provided assistance without waiting for her coworker and failed to utilize the shin strap during the stand lift transfer resulting in Resident #1's fall from the lift, injury, and placed all residents at risk for falls with/without injury. * Suspending the CNA #1 on 09/17/24 and removing her from her position on 09/23/24. * Immediately re-educating every CNA who worked the evening shift on 09/17/24 on the importance of following the care plan and the severity of falls involving mechanical lifts. * Observing the CNAs transferring Resident #1 to ensure there were no immediate safety concerns. * Referring Resident #1 to Physical Therapy for reassessment of her transfer abilities. * Educating all staff who operate the mechanical stand lift on the use of the lift, the different safety concerns when operating the lift, and the importance of following the care plans as written. * Completing quality assurance audits to ensure resident safety during lift transfers. | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46963</p> <p>Based on record review, facility incident report, and staff interview, the facility failed to ensure a complete and accurate medical record for 1 of 4 sampled residents (Resident #9) reviewed for resident-to-resident altercations. Failure to have a complete and accurate medical record limited staff's access to the most recent medical information regarding the residents.</p> <p>Findings include:</p> <p>Review of a facility incident report, dated 11/12/24, stated, Staff overheard elevated voices and went to intervene. When approached, both residents had their hands placed onto the walker attempting to take it away from one another. No physical contact was noted resident to resident during this situation.</p> <p>During an interview on 12/03/24 at 5:04 p.m., an administrative nurse (#2) confirmed the other resident involved in the incident, dated 11/12/24, was Resident #9.</p> <p>Review of Resident #9's medical record occurred on all days of survey and included a diagnosis of Alzheimer's Disease. The medical record lacked documentation related to the 11/12/24 incident between Residents #4 and #9.</p> <p>During an interview on 12/03/24 at 5:33 p.m., an administrative nurse (#2) confirmed Resident #9's medical record lacked documentation related to the 11/12/24 incident and would expect documentation to be completed for both residents related to this incident.</p> | | |