STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355070	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Nursing & Rehabilitation Center	1515 2nd Ave West Williston, ND 58801

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42397 Based on record review, policy review, and staff interview, the facility failed to ensure the resident's right to request, refuse, and/or discontinue treatment for 2 of 18 sampled residents (Resident #78 and Resident #285) reviewed for advanced directives. Failure to ensure all methods of communication and/or documentation of code status accurately reflected the resident/resident representative wishes has the potential to limit access to life-sustaining services or unwanted treatment. Findings include: Review of the facility policy titled Advanced Directives occurred [DATE]. This policy, revised [DATE], stated, . In view of its [sic] mission to respect the life and dignity of each person, Bethel Lutheran Nursing & [and] Rehabilitation Center recognizes that every competent adult has the right and responsibility to control the decisions relating to their own health care. Bethel Lutheran Nursing & Rehabilitation Center is transitioning forward using the North Dakota POLST (Physician Order for Life sustaining Treatment). Review of the facility policy titled CPR Directive . occurred [DATE]. This policy, revised [DATE], stated, . will inform residents and/or significant others about the choices available regarding cardiopulmonary resuscitation. The code level will be scanned and entered on the physician order sheet. During an interview on [DATE] at 8:49 a.m., a nurse (#2) stated she would look on the resident profile in the electronic health record (EHR) for a resident's code status. - Review of Resident #78's medical record occurred on all days of survey. A POLST form, dated [DATE], indicated Full Code. The EHR lacked a physician's order for a code level status and failed to display the resident's code status in an area direct care staff would access prior to providing life sustaining treatment. - Review of Resident #285's medical record occurred on all days of survey. A POLST form, dated [DATE], stated DNR [do not resuscitate]/Limited interventions. The EHR lacked a physician's order for a code level status and failed to display the resident's code status in an area direct care staff would access prior to providing unwanted treatment. (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
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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 4:05 p.m., an administrative nurse (#1) confirmed the EHR lacked a physician's order which triggers the code status to display in the resident's profile, agreed she expected the resident's code status to be displayed in the resident profile of the EHR, and confirmed Resident #78 and #285's EHR profiles lacked a code status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355070	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethel Lutheran Nursing & Rehabilitation Center	1515 2nd Ave West Williston, ND 58801

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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 37620 Based on record review, review of facility policy, and resident and staff interview, the facility failed to review and revise care plans to reflect the residents' current status for 3 of 18 sampled residents (Residents #50, #55, and #63) and 1 supplemental resident (Resident #81). Failure to update care plans limited the staffs' ability to communicate needs and ensure continuity of care. Findings include: Review of the facility policy titled Comprehensive Care Plans occurred on 02/05/25. This undated policy stated, . 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive, quarterly MDS [Minimum Data Set] assessment, and PRN [as needed] when changes in the resident condition dictates. - During an interview on 02/03/25 at 3:59 p.m., Resident #50 stated she had pain to both knees. Review of Resident #50's medical record occurred on all days of survey and identified a diagnosis of right and left knee pain with a physician's order, dated 06/11/23, for Biofreeze (topically pain reliever) gel two times a day for bilateral knee pain. The current care plan failed to address Resident #50's bilateral knee pain. - Review of Resident #55's medical record occurred on all days of survey with a physician's orders, dated 12/05/24 and 01/03/25, stated, . Regular. diet Pureed texture, Honey consistency, Small bites with spoon for Mod [moderate]-severe pharyngeal-esophageal dysphagia [swallowing difficulty] . Vanilla Boost+/Ensure [a high calorie nutritional drink] . Magic Cup [a high calorie protein ice cream] one time a day Alternate w [with]/pudding. The care plan failed to address the changes made to Resident #55's diet. - Review of Resident #63's medical record occurred on all days of survey and identified a diagnosis of diabetes. The current physician's orders included an order for insulin at bedtime. The care plan failed to address the resident's use of insulin and the signs and symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). - Review of Resident #81's medical record occurred on all days of survey and identified a diagnosis of insomnia. Physician's orders included Ambien (hypnotic) at bedtime for insomnia, initiated 11/21/24. The current care plan failed to address the resident's insomnia and use of a hypnotic medication. During an interview on 02/05/25 at 3:21 p.m., an administrative nurse (#1) stated the care plans are reviewed and updated prior to the resident's care conference, with the minimum data set (MDS), and with any daily care changes. 42397 46964