STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355072	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McKenzie County Healthcare Systems Long Term Care	709 4th Avenue NE Watford City, ND 58854

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 37620 Based on record review and staff interview, the facility failed to provide the resident or the resident's representative a written notice of transfer for 5 of 5 sampled residents (Resident #3, #5, #10, #23, and #28) transferred to the hospital. Failure to provide a written copy of the transfer notice does not allow the resident and/or their representative to make an informed decision regarding their rights. Findings include: Review of Resident #3, #5, #10, #23, and #28's medical records occurred on all days of survey and identified the following hospital transfers: * Resident #3: 10/27/23 and 05/07/24. * Resident #5: 08/04/23. * Resident #10: 04/05/24 and 04/26/24. * Resident #23: 05/03/24. * Resident #28: 04/29/24. The above residents' medical records lacked evidence the facility provided the resident and/or representative with a written transfer notice. During an interview on 06/18/24 at 2:13 p.m., an administrative staff member (#1) stated the facility does not have a Hospital Transfer policy. During an interview on 06/18/24 at 5:15 p.m., an administrative staff member (#1) confirmed the facility failed to complete a hospital transfer for the residents. 13101 39685

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 13101 Based on record review, review of facility policy, and staff interview, the facility failed to provide a bed hold notice upon transfer to the hospital for 5 of 5 sampled residents (Resident #3, #5, #10, #23, and #28) transferred to the hospital. Failure to provide a bed hold notice does not allow residents or their legal representatives to make informed choices regarding their readmission rights. Findings include: Review of the facility policy titled Bed Hold occurred on 06/19/24. This policy, dated 04/17/24, stated, It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold policies prior to transferring a resident to the hospital . Review of Resident #3, #5, #10, #23, and #28's medical records occurred on all days of survey and identified the following hospital transfers: * Resident #3: 10/27/23 and 05/07/24. * Resident #5: 08/04/23. * Resident #10: 04/05/24 and 04/26/24. * Resident #23: 05/03/24. * Resident #28: 04/29/24. The above residents' medical records lacked evidence the facility provided the resident and/or representative with a written bed hold notice. During an interview on 06/18/24 at 5:15 p.m., an administrative staff member (#1) stated they were unable to find written bed hold notices for the residents. 37620 39685

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37620 Based on record review, review of facility policy, and staff interview, the facility failed to review and revise the care plan for 1 of 12 sampled residents (Resident #3). Failure to review and revise the care plan limited staff's ability to communicate needs, ensure continuity of care, and may negatively impact the care provided to the resident. Findings include: Review of the facility policy titled Comprehensive Care Plans occurred on 06/19/24. This policy, dated 11/08/22, stated, . The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS [Minimum Data Set] assessment. Review of Resident #3's medical record occurred on all days of survey. A progress note, dated 04/07/24 at 11:04 a m., stated, Foley Cath [catheter] removed at 5 a.m. A quarterly MDS, dated [DATE], identified no Foley catheter, maximum assist required for transfers, not toileted, and no ambulation attempted. The current care plan identified Resident #3 had a Foley catheter and ambulated independently. During an interview on 06/19/24 at 5:01 p.m., an administrative staff member (#1) confirmed the facility failed to update Resident #3's care plan regarding removal of the Foley catheter and ambulation status.