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	07/24/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 4 of 5 sampled residents (Resident #1, #7, #15, and #28) observed during cares. Failure to practice infection control standards related to hand hygiene and enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Hand Hygiene occurred on 07/24/25. This policy, dated June 2023, stated, . The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Review of the facility policy titled Enhanced Barrier Precautions occurred on 07/24/25. This policy, dated April 2024, stated, . infection control intervention designed to reduce transmission of multidrug-resistant organism that employs targeted gown and glove use during high contact resident care activities. HAND HYGIENE - Observation on 07/21/25 at 4:15 p.m. showed an enhanced barrier precaution sign on an isolation cart outside of Resident #15's room. A certified nurse aide (CNA) (#5) applied a gown and gloves and entered the room. The CNA (#5) assisted Resident #15 to stand from the toilet, performed perineal cares, and assisted the resident to ambulate to the recliner. After assisting the resident to sit in the recliner, the CNA removed the soiled gloves and without performing hand hygiene placed the oxygen cannula in Resident #15's nose, removed the gown, performed hand hygiene, and exited the room. The CNA (#5) failed to perform hand hygiene after removing the soiled gloves and prior to placing Resident #15's oxygen cannula. - Observation on 07/21/25 at 4:45 p.m. showed two CNAs (#2 and #3) completed a brief change for Resident #7. The CNA (#3) cleansed the perineal area, changed gloves, applied a clean brief, and positioned the pillows and top sheet. The CNA (#3) failed to complete hand hygiene between glove changes. - Observation on 07/22/25 at 8:49 AM showed two CNAs (#3 and #4) completed a brief change for Resident #28. The CNA (#4) completed perineal care after an incontinent bowel movement, changed gloves, applied skin barrier cream, changed gloves, applied a clean brief, transferred the resident into the recliner chair, and placed the call light and bedside table within reach. The CNA (#4) failed to complete hand hygiene between glove changes. (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/24/25 at 8:20 a.m., an administrative staff (#1) confirmed she expected staff to perform hand hygiene after glove removal and before touching other items. ENHANCED BARRIER PRECAUTIONS Review of Resident #1's medical record occurred on all days of survey. Diagnosis includes history of methicillin resistant staphylococcus aureus (MRSA) . The current care plan stated, . I am on enhanced barrier precautions related to history of MRSA. - Observation on 07/22/25 at 8:45 a.m. showed a CNA (#4) entered Resident #1's room without applying a gown and gloves to apply the resident's compression stockings and shoes. During an interview on the morning of 07/24/25, an administrative staff (#1) confirmed she expected staff to follow the EBP facility policy.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, record review, review of facility policy, and staff interview, the facility failed to assess a resident for self-administration of medications for 1 of 1 sampled resident (Resident #5) observed with medications at the bedside. Failure to evaluate the ability for residents to safely self-administer medications may result in medication errors and/or harm to the resident.Findings include: Review of the facility policy Self Administration of Medication occurred on 07/24/24. This policy, dated June 2024, stated, .resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. Observations on all days of survey showed an unlabeled bottle of Calm Forte (sleep aid) on the top of a bedside shelf in Resident #5's room. Review of Resident #5's medical record occurred on all days of survey. The record lacked an assessment and a physician's order for Resident #5 to self-administer medications and lacked orders for the medication Calm Forte. During an interview on 07/23/25 at 10:13 a.m., a nurse (#6) confirmed the facility did not complete a self-administration of medication assessment for Resident #5 and was unaware of the medication being in his room. During an interview on the morning of 07/24/25, an administrative nurse (#1) confirmed the facility failed to complete an assessment and obtain a physician's order for Resident #5 to self-administer medications.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents remained free from unnecessary psychotropic medications for 1 of 1 sampled resident (Resident #22) who received an as needed (PRN) psychotropic. Failure to limit PRN psychotropic use to 14 days unless reevaluated by a practitioner placed the resident at risk of receiving unnecessary medications, experiencing adverse drug effects, and possible chemical restraint. Findings include:Review of the facility policy titled Use of Psychotropic Medications occurred on 07/24/25. This policy, dated 06/27/24, stated, . A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: . anti-anxiety . PRN orders for all psychotropic drugs shall be used only when the medication is necessary . and for a limited duration . If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.Review of Resident #22's medical record occurred on all days of survey. Diagnoses included anxiety. A physician's order, dated 05/23/25, identified Lorazepam (an anti-anxiety medication) 0.25 mg (milligrams) every three hours PRN for anxiety. The provider discontinued the medication on 06/13/25 (21 days later). The facility failed to ensure the resident's PRN lorazepam was limited to 14 days and reevaluated for continued use.During an interview on 07/24/25 at 8:20 a.m., an administrative nurse (#1) confirmed facility staff failed to ensure Resident #22's PRN lorazepam order was limited to 14 days and reevaluated for continued use.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 1 sampled resident (Resident #15) receiving oxygen by nasal cannula. Failure to obtain a physician's order to administer oxygen may result in complications and compromise the residents' respiratory status.Findings include: Review of the facility policy titled Oxygene [sic] Administration occurred on 07/24/25. This policy, dated 06/01/19, stated, . Procedure: . Check physician's orders for liter flow and method of administration . Observation on all days of survey showed Resident #15 with continuous oxygen (O2) in place via a nasal cannula at 2 liters (L). Review of Resident #15's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (COPD). The current care plan stated, . I have a need for oxygen therapy R/T [related to] Respiratory illness, COPD . OXYGEN SETTINGS: I have O2 via nasal prongs/mask @ [at] 2-3L to keep sats [saturations] >92% [greater than 92 percent] . The medical record lacked a physician's order to administer oxygen. During an interview on 07/22/25 at 4:00 p.m., an administrative nurse (#1) confirmed Resident #15's medical record lacked a physician's order for oxygen administration.