

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Wedgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 804 Main St W Cavalier, ND 58220	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.19.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 2 of 12 sampled residents (Resident #19 and #31). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents.</p> <p>Findings include:</p> <p>SECTIONS N: MEDICATIONS</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2024, page N-6 to N-8, stated, . Code all high-risk drug class medications according to their pharmacological classification . N0415: High-Risk Drug Classes . Coding Instructions: . N0415B1. Antianxiety: Check if an anxiolytic [antianxiety] medication was taken by the resident at any time during the 7-day look-back period .</p> <p>- Review of Resident #19's medical record occurred on all days of survey. A quarterly MDS, dated [DATE], showed facility staff coded an antianxiety medication during the seven-day look back period. The medical record failed to identify an antianxiety medication administered in the look-back period.</p> <p>During an interview on the afternoon of 06/03/25, an administrative nurse (#1) confirmed staff failed to code the MDS correctly.</p> <p>SECTION P: RESTRAINTS AND ALARMS</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2024, pages P1-P5, stated, . PHYSICAL RESTRAINTS: Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. P0100: Physical Restraints . Coding Instructions: . After determining whether or not an item . is a physical restraint and was used during the 7-day look-back period, code the frequency of use: Code 0, not used: if the item was not used during the 7-day look-back or it was used but did not meet the definition. Code 2, used daily: if the item met the definition and was used on a daily basis during the look-back period.</p> <p>(continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Review of Resident #31's medical record occurred on all days of survey. An admission MDS, dated [DATE], showed facility staff coded section P0100A, bed rail as 2 used daily. Observation showed no bed rails present.</p> <p>During an interview on 06/02/25 at 5:00 p.m., an administrative nurse (#1) confirmed Resident #31 does not have bed rails and staff failed to code the admission MDS correctly.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, the facility failed to maintain a clean and sanitary kitchen environment for 1 of 1 facility kitchen. Failure to ensure the sanitizer test strips used to measure the concentration of sanitizing solution are not expired has the potential for inadequate sanitization and may result in foodborne illness.</p> <p>Findings include:</p> <p>Observation in the kitchen on 06/03/25 at 1:35 p.m. showed a dietary staff member (#5) measured the concentration of a premixed bucket of sanitizing solution with expired test strips, dated 05/15/2021.</p> <p>During an interview on 06/03/25 at 4:25 p.m., a dietary staff member (#5) stated staff should not use expired test strips.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>1. Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 3 sampled residents (Resident #14 and #32) observed during wound care. Failure to practice infection control standards related to enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions occurred on 06/04/25. This policy, dated March 2023, stated, . Enhanced barrier precautions refer to the use of gown and gloves for high-contact resident care activities for residents known to be colonized or infected with a MDRO (multidrug resistant organism) as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). High-contact resident care activities include: . Wound care: any skin opening requiring a dressing .</p> <p>- Review of Resident #14's medical record occurred on all days of survey and identified a pressure ulcer on the inner buttocks and dressing changes every three days and as needed. The resident's room failed to identify EBP.</p> <p>Observation on 06/03/25 at 9:08 a.m. showed a certified nurse aide (CNA) (#4) and a nurse (#3) applied gloves and assisted Resident #14 off the toilet. The nurse cleansed the pressure ulcer area and applied a dressing. The nurse (#3) and the CNA (#4) failed to wear a gown during high-contact resident care for toileting and wound care.</p> <p>- Review of Resident #32's medical record occurred on all days of survey. The record identified an indwelling urinary catheter, heel ulcers to both heels, and dressing changes to the heels two times a day.</p> <p>Observation on 06/03/25 at 12:27 p.m. showed Resident #32's room with signage for EBP and a supply cart located at the entrance of the room. Two nurses (#2 and #3) entered the room, applied gloves, removed the wound dressings, cleansed the wounds, and applied new dressings to both the right and left heels.</p> <p>The nurses failed to apply a gown during the high-contact resident care for wound treatment and dressing changes.</p> <p>During interviews on 06/04/25, an administrative staff member (#1) reported she expected Resident #14 to be in EBP and staff to wear gowns when providing wound cares.</p> <p>2. Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 6 sampled residents (Resident #32) observed during medication pass. Failure to practice infection control standards during medication pass has the potential to spread infection to residents.</p> <p>Findings include:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled Medication Administration- General Guidelines occurred on 06/04/25. This policy, dated October 2022, stated, . If the integrity or sanitation of a medication is in question (e.g. [for example] . inadvertently touched by a staff member . The compromised medication shall be destroyed per facility policies .</p> <p>Observation on 06/03/25 at 1:06 p.m. showed a nurse (#3) prepared Resident #32's medications for administration. The nurse dropped the Vitamin B complex capsule on the medication cart and, with a bare hand, picked up the capsule and placed it into the medication cup for administration.</p> <p>During an interview on 06/04/25 at 10:00 a.m., an administrative nurse (#1) reported she expected staff to discard a medication dropped on the medication cart.</p>