

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  355090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  St Benedicts Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  851 4th Ave E Dickinson, ND 58601	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility reported incident (FRI) investigations, record review, review of facility policy, and staff interview, the facility failed to ensure residents remain free from abuse for 2 of 5 sampled residents (Resident #4 and #6) who were subjected to physical abuse by other residents. Failure to ensure processes were in place to meet the needs of residents such as adequate supervision and oversight and effective care plan interventions resulted in incidents of resident-to-resident abuse and placed all residents at risk for physical harm, pain, mental anguish, and emotional distress. Findings include:</p> <p>Review of the facility policy titled Abuse Prevention Plan occurred on 01/28/26. This policy, dated 2017, stated, . Resident to Resident Altercations: An incident involving a resident who willfully inflicts injury upon another resident. 'Willful' means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Definitions: 'Abuse': The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Instances of abuse . includes verbal abuse . hitting, slapping, kicking, pinching, biting .</p> <p>-Incident involving Resident #6 and #7</p> <p>Review of the facility's FRI investigation, dated 11/14/25, stated, [Resident #6] was propelling himself down the hall in his wheelchair when his roommate [Resident #7] began kicking the back of his wheelchair. [Resident #6] turned around to see what was happening and [Resident #7] took a closed fist and hit him in the jaw on the right side of his face. Staff intervened and immediately separated the residents. Nursing did an exam with no noted injuries to [Resident #6]. [Resident #6] reports that he is not hurt and that he is ok. [Resident #6] was offered a room change to a different unit, and was in agreement. Call placed to the family and they agreed to the change. Room change took place at 11 am. The residents were immediately separated during this time and monitored by staff to prevent further interactions.</p> <p>Review of Resident #7's medical record occurred on 01/28/26. The care plan stated, I have potential for agitation. I have Dx [diagnosis] of Restlessness and Agitation. I am taking an anti-psychotic medication. I have had a physical altercation with resident [#6] due to being agitated .</p> <p>-Incidents involving Resident #3, #4, and #5</p> <p>Review of the facility's FRI investigation, dated 11/21/25, stated, At approximately 1:30 PM on 11/21/25, [Resident #4] was seated at a table in the activity room during the scheduled folding activity. She was positioned directly across from [Resident #5]. [Resident #4] knocked several clothing</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 355090	If continuation sheet Page 1 of 3

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>items from the table onto the floor, which appeared to cause visible distress to [Resident #5]. As a response, [Resident #5] maneuvered her wheelchair to the opposite side of the table, positioning herself next to [Resident #4], and stated you should not be doing that. subsequently slapped [Resident#4] on her right cheek. Activity staff immediately intervened and separated both residents. The nurse promptly assessed [Resident #4], noting no physical injuries such as bruising, scratching, or bleeding [;] mild redness was observed on her right cheek. [Resident #4] denied any pain or distress and did not exhibit any signs of psychosocial anguish (e.g. crying, fearfulness, anxiousness, etc.).</p> <p>Review of the facility's FRI investigation, dated 01/09/26, stated, At approximately 4:20 PM on January 9, 2026, [Resident #4] was in her doorway singing. [Resident #5] told [Resident #4] to stop singing and shut up and go back into her room. Staff told [Resident #5] its OK for [Resident #4] to be in the hall/doorway and to just leave her be. Staff went to assist another resident [and] upon her return to the med cart, [Resident #3] was inside room [of Resident #4] pushing [Resident #4's] chair back. [Resident #3] had kicked [Resident #4's] leg and slapped at her hand. Then [Resident #4] slapped [Resident #3's] hand. Staff removed [Resident #3] from [Resident #4's] room and told her she can't be in there as it's not her room. Staff immediately intervene and separated all [three] residents. The nurse promptly assessed both [Resident #4] and [Resident #3] noting no physical injuries such as bruising, scratching, or bleeding. [Resident #3] and [Resident #4] denied any pain or distress and did not exhibit any signs of psychosocial anguish (i.e. crying, fearfulness, anxiousness, etc.).</p> <p>Review of Resident #3's medical record occurred on 01/28/26. The Minimum Data Set (MDS), dated [DATE], identified a BIMS of 11, indicating moderate cognitive impairment. A care plan problem, dated 01/12/26, stated, . I have [sic] an altercation in the past with resident [#5] and resident [#4] .</p> <p>Review of Resident #4's medical record occurred on 01/28/26. The Quarterly MDS, dated [DATE], identified a Brief Interview for Mental Status (BIMS) of 4, indicating severe cognitive impairment. A care plan problem, dated 11/21/25, stated, . I have had an altercation in the past with resident [#5] and resident [#3] .</p> <p>Review of Resident #5's medical record occurred on 01/28/26. The Quarterly MDS, dated [DATE], identified a BIMS of 10, indicating moderate cognitive impairment. A care plan problem, dated 11/21/25, stated, . I have had an altercation in the past with resident [#4] and resident [#3] .</p> <p>Review of Resident #3, #4, and #5's care plan contained identical problems and interventions related to resident-to-resident altercations as follows:</p> <ul style="list-style-type: none"> <li>*Observe for psychosocial and mental status changes.</li> <li>*Document and report as indicated.</li> <li>*Provide alternative methods of communications with family/visitors.</li> <li>*Provide in room activities of choice, as able.</li> <li>*Provide support and allow resident to express feelings, fears and concerns.</li> </ul> <p>The care plans lacked individualized interventions specific to each resident's needs.</p> <p>Another problem identified on Resident #3, #4, and #5's care plans stated, . I am a vulnerable</p> <p>(continued on next page)</p>		

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