STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355102	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wentz Living Center	555 Lake Ave E Napoleon, ND 58561

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46477 Based on observation, record review, review of the facility reported incident (FRI) report, facility policy review, and staff interviews, the facility failed to prevent accidents for 1 of 1 sampled resident (Resident #1) who sustained a fall with fractures. Failure to use the appropriate sling sized during a full body mechanical lift transfer resulted in an avoidable fall and fractures for Resident #1 and places all residents at risk for falls and/or injuries. During the investigation survey, the team consulted the State Survey Agency (SSA) and determined an Immediate Jeopardy (IJ) situation existed on 05/29/24 at 3:00 p.m. The IJ resulted from a failure by the facility to assess residents for the proper sized sling for use during a full body mechanical lift transfer. This failure resulted in a resident sustaining a fall and fractures. *05/29/24 at 4:00 p.m. The survey team notified the administrator and director of nursing of the IJ situation, provided them with the IJ template, and requested a plan for removal of the immediate jeopardy. * 05/29/24 at 6:30 p.m., The facility provided (via email) an IJ removal plan. The removal plan contained the following: * Therapy or nursing will assess sling size per policy developed * Therapy or nursing staff will communicate to the charge nurse of appropriate sling size, a comment order will be entered into provider orders, it will be care planned in the activities of daily living section and sent to the Kardex for easy certified nurse aides (CNAs) viewing. * Education will be provided to all nursing/CNA staff working the evening and night shift of 5/29/24 and day shift 5/30/24. Each CNA or nurse upon their first shift since this survey will be educated by reviewing the policy, care plan, Kardex and signing the education form. *05/30/24 at 10:00 a.m., the survey team accepted the IJ removal plan. The survey team verified the implementation of the plan and removed the IJ as of 05/29/24. The deficient practice remained at a scope and severity of a G after removal of the IJ. Findings included: (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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the facility policy titled Mechanical Dependent Lift occurred on 05/29/24. This policy, dated December 2019, failed to include assessments for the proper sling size for resident's dependent on mechanical lifts for transfers. Review of the facility's initial incident report, submitted to the state agency on 05/28/24, identified Resident #1 slipped out of the sling and onto the floor. Review of Resident #1 medical record occurred on 05/29/24. The care plan identified, .The resident has an ADL [Activities of Daily Living] selfcare performance deficit . requires dependent Mechanical lift . A nursing progress note, dated 05/28/24 at 1:54 p.m., identified the following: . resident is laying on floor . They [CNAs] [certified nursing aides] stated she fell out of sling. During an interview on 05/29/24 at 10:40 a.m., a staff member (#2) stated, We grabbed the Hoyer lift [full body mechanical lift] and used the sling that was with the lift. During the transfer the resident shifted in the sling and fell to the floor. Observation of Resident #1's room during this interview showed a small sling in the resident's bathroom. During a telephone interview on 05/29/24 at 11:13 a.m., a staff member (#3) stated, we placed the resident in the sling, which was a medium. During an interview with a staff member (#4) on 05/29/24 at 1:13 p.m., the staff member confirmed the CNAs used a medium sized sling. During an interview on 05/30/24 at 3:33 p.m., an administrative nurse (#1) agreed residents should have been assessed for sling sizes. The facility failed to assess Resident (#1) for the appropriate device (transfer sling) for a full body mechanical lift and provide staff with the information and education regarding transfers. This resulted in a fall with major injury for Resident #1.