| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355102 | A. Building<br>B. Wing | 03/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Wentz Living Center | 555 Lake Ave E<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>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 4 sampled residents (Resident #2 and #5) observed during toileting cares and one supplemental resident (Resident #16) observed during medication preparation. Failure to practice infection control standards related to hand hygiene and glove use has the potential to spread infection throughout the facility.<br><br>Findings include:<br><br>Review of the facility policy titled Specific Personal Protective Equipment occurred on 03/24/26. This undated policy, stated, . Hand hygiene . All employees are to wash hands . after removing gloves.<br><br>Review of the facility policy titled Administratin [sic] of Oral Medication occurred on 03/24/26. This policy, dated March 2022, stated, . Perform hand hygiene prior to medication pass. Do not touch any medications when opening a pill bottle or unit dose package. May apply gloves as needed after proper hand hygiene to obtain a medication that is not contaminated.<br><br>-Observation on 03/23/26 at 3:02 p.m. showed two certified nurse aides (CNAs) (#2 and #3) assisted Resident #2 with toileting. One CNA (#2) applied gloves, provided incontinence care, and with the same gloves, pulled up the resident's pants, and utilized the mechanical lift to transfer the resident from the toilet to the recliner. The CNA (#2) assisted in removing the sling from behind the resident, placed a blanket on the resident, handed the resident a glass of water, then removed her gloves and performed hand hygiene. The CNA (#2) failed to remove gloves and perform hand hygiene after completing toileting cares and before performing other tasks.<br><br>-Observation on 03/24/26 at 11:14 a.m. showed two CNAs (#6 and #7) applied gowns and gloves, transferred Resident #5 to the toilet with a mechanical lift and removed the soiled brief. One CNA (#6) emptied the urine collection bag, and without performing hand hygiene and changing gloves, raised the resident from the toilet. This CNA (#6) applied a barrier cream to the resident's buttocks after the other CNA (#7) performed perineal care. Both CNA's (#6 and #7) removed the soiled gloves and without performing hand hygiene, applied new gloves, placed a new brief, and adjusted Resident #5's pants. The CNA (#6) removed the soiled gloves, and without performing hand hygiene or applying new gloves, transferred Resident #5 to the wheelchair, removed the lift sling, placed the urine collection bag beneath the resident's wheelchair, and gathered the garbage. The CNAs (#6 and #7) failed to perform hand hygiene after removing soiled gloves and before applying clean gloves.<br><br>-Observation of medication administration on 03/24/26 at 8:18 a.m. showed a medication aide (MA) (#4) prepared medication for Resident #16. The MA (#4) opened a medication bottle and used her bare finger to obtain a pill. The MA (#4) failed to perform hand hygiene prior to medication preparation and failed to apply gloves before removing a single pill from the medication bottle.<br>(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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 03/24/2026 at 4:05 p.m., an administrative nurse (#1) confirmed she expected staff to remove soiled gloves and complete hand hygiene after peri care and before performing other tasks. She also confirmed she expected staff to perform hand hygiene or apply gloves before touching medications or use a spoon if unable to shake out the prescribed amount.<br><br>During an interview on 03/24/26 at 4:10 p.m., an administrative nurse (#5) confirmed she expected staff to perform hand hygiene after removing gloves and before applying clean gloves. |