STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Crest Manor	100 Elm Ave, #396 New Salem, ND 58563

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 31725 Based on record review, review of facility policy, review of facility investigation report, and staff interview, the facility failed to report an incident of potential abuse/neglect to the State Survey Agency (SSA) for 1 of 1 sampled resident (Resident #7) who experienced a fall from the mechanical lift. Failure to report an event of potential abuse/neglect to the SSA places all residents at risk of potential abuse/neglect. Findings include: Review of the facility policy Abuse Policy occurred on 01/07/25. This policy, dated 06/10/20, stated, The resident has the right to be free from . negligence . Investigations must be documented and all findings including the initial report of allegation reported in writing to the administrator as soon as possible but no later than 24 hours following the incident. The Administrator or Designee will notify the State Department of Health of the reported incident. Review of Resident #7's medical record occurred on all days of survey. A fall report, dated 09/20/24, indicated Resident #7 fell from the mechanical lift. Review of the Final Abuse Investigation Report stated, . On Friday September 20th at 0520 [5:20 a.m.] resident stretched her arms over her head and whole body stiffened during a hoyer [full-body mechanical lift] transfer. This movement caused the resident's body to slide out of the sling on the side. Assessment revealed a small open area to L [left] upper thigh and redness above the right eye. The record lacked evidence the facility reported the above incident to the SSA as possible abuse/neglect. During an interview on 01/08/25 at 10:05 a.m., an administrative nurse (#1) confirmed the facility failed to report the above incident to the SSA.

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
	355110	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Crest Manor	100 Elm Ave, #396 New Salem, ND 58563

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 46964 Based on staff interview, the facility failed to ensure 1 of 1 dietary manager (#3) obtained the proper qualifications to serve as the director of food and nutrition services. Failure to ensure staff have the qualifications to carry out the functions of food and nutrition services may result in foodborne illness to residents, staff, and visitors. Findings include: During an interview on 01/06/25 at 11: 55 a.m., the dietary supervisor (#3) stated she is enrolled in the Certified Dietary Manager (CDM) course, but has not competed the training. During an interview on 01/07/25 at 10:40 a.m., an administrative staff member (#2) confirmed the dietary supervisor (#3) lacked the required training for the position. The facility failed to ensure the dietary manager (#3) completed the education for a certified dietary manager, certified food service manager, or national certification for food service management and safety from a national certifying body.