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	01/22/2026

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **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 1.20.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 15 sampled residents (Resident #16). 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. Findings include: The Long-Term Care Facility RAI User's Manual, revised October 2025, pages A-30 through A-32, stated, .A1500: Preadmission Screening and Resident Review (PASRR) . Code 1, yes: if PASRR Level II screening determined that the resident has a serious mental illness . Page M-5 of the RAI Manual, stated, . M0210: Unhealed Pressure Ulcers/Injuries . Coding Instructions: . Code 1, yes: if the resident had any pressure ulcer/injury . in the 7-day look-back period.Page M-24 stated, M0300F: . Enter the number of pressure ulcers that are unstageable related to slough [nonviable yellow, tan, gray, green or brown tissue] and/or eschar [dead or devitalized tissue]. Review of Resident #16's medical record occurred all days of survey. A PASRR, dated 01/24/25, stated, . PASRR Determination: Level II - approved . PASRR Grouping you fall into the category of having a diagnosis that the PASRR program was designed to assess. Your condition is likely to require expert treatment in the future. That diagnosis is: A mental health condition . Review of the nurses' notes, dated August 11th, 13th, and 15th, 2025, identified an unstageable pressure ulcer with the wound bed covered by slough and/or eschar to Resident #16's right heel. A significant change MDS, dated [DATE], showed the facility coded A1500 no indicating no mental health condition. The facility coded M0210 as Yes, indicating current pressure ulcers/injuries but failed to code M0300F, the number of unstageable pressure ulcers related to slough and/or eschar. During interviews on 01/21/26 at 10:32 a.m. and 01/22/26 at 9:02 a.m., an administrative nurse (#2) confirmed staff failed to correctly code Resident #16's MDS.

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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	355110	A. Building B. Wing	01/22/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, record review, facility policy review, and staff interview, the facility failed to ensure appropriate care and services for 1 of 3 sampled residents (Resident #14) reviewed for edema (fluid retention). Failure to ensure consistent implementation of support stockings and document resident refusals, may result in worsening edema.Findings include:Review of policy, Compression Stockings occurred on 01/22/26. This policy, dated 11/05/19, stated, . Compression stockings are applied appropriately to aid circulation to lower extremities and to help prevent edema. applied by nursing personnel . Chart if resident refuses stockings.Review of Resident #14's medical record occurred on all days of survey. A physician's order, dated 06/27/24, stated, CIRCULATORY TREATMENT: TED Hose [support stockings to control edema] (knee high) ON AM OFF PM [sic] The current care plan stated, . Ineffective tissue perfusion . monitor for edema . Elevate feet/legs. Apply TED hose in am, off at hs [sic] (hour of sleep).- Observation on 01/20/26 at 11:40 a.m. showed Resident #14 seated in the recliner without support stockings or feet elevated, and visible swelling to both lower legs.- Observation on 01/21/26 at 8:51 a.m. showed Resident #14 walking with a walker, with visible swelling to both lower legs, and no support stockings present.- Observation on 01/22/26 at 8:57 a.m. showed Resident #14 seated in a chair in her room, fully dressed without support stockings on, and visible swelling to both legs. A certified nurse aide (CNA) (#4) stated, She usually refuses to wear them [support stockings].Review of Resident #14's treatment administration record (TAR), dated January 20-21, 2026, showed staff documented the support stockings as applied.During an interview on 01/22/2026 at 11:09 a.m., an administrative nurse (#1) confirmed she expected the CNAs to inform the nurse if the resident refused to wear the supportive stockings and document any refusals.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on record review, review of the hospice agreement, and staff interview, the facility failed to ensure resident records contained the hospice election form for 1 of 1 sampled resident (Resident #2) receiving hospice services. Failure to obtain the hospice election form limits staff's ability to ensure coordination of care between the facility and the hospice agency. Findings include: Review of the facility's Agreement for Hospice Care for Skilled Nursing Facility and Nursing Facility Residents occurred on 01/22/26. This agreement, dated 12/22/25, stated, . Hospice Provider will provide to the facility the following information . Hospice Provider Election Statement . Review of Resident #2's medical record occurred on all days of survey and identified the resident and/or representative chose hospice services on 12/22/25. The medical record lacked the hospice election statement. During an interview on 01/22/26 at 9:44 a.m., an administrative nurse (#1) confirmed Resident #2's medical record failed to include the hospice election statement.