Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355128	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Missouri Slope	4916 N Washington St Bismarck, ND 58503

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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46477 Based on record review, review of the facility reported incident (FRI), review of facility policy, and resident and staff interviews, the facility failed to prevent accidents for 1 of 1 sampled resident (Resident #1) who sustained a fall with fracture. Failure to utilize the whirlpool seat belt resulted in an avoidable fall and fracture for Resident #1 and placed all residents at risk for falls and/or injuries. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident. Findings include: Review of the facility policy titled Bathing Procedure occured on 06/12/24. The policy, dated November 2023, stated, Resident Safety - Safety Strap Usage Whirlpool: Transfer resident to whirlpool seat. Attach seat belt around resident. Ensure seat belt does not get caught in the door when closing the door. The facility failed to provide instruction on when it is safe to remove the bath chair seat belt. Review of the FRI report, submitted to the state agency on 06/10/24, identified Resident #1 . slipped from tub chair onto the floor. Review of Resident #1's medical record occurred on 06/12/24. The current care plan stated, . has an ADL [Activities of Daily Living] self-care performance deficit & [and] limited physical mobility r/t [related to] deconditioning weakness. A progress note, dated 06/10/24, stated, . this nurse observed Resident on floor to side of tub, lateral on R [right] side, back facing tub, lying on R arm. Resident's head was on floor with blood from head. During an interview on 06/12/24 at 2:00 p.m., Resident #1 stated she [certified nurse aide (CNA)] took me out of the tub and took off the belt while I was at least 5 feet in the air. During an interview on 06/12/24 at 2:15 p.m., an administrative nurse (#1) confirmed the CNA should have kept the safety belt on as shown in training video. The facility failed to keep the appropriate device (seat belt) on Resident (#1) after exiting the whirlpool bath. This resulted in a fall with a right humerus fracture. (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: 355128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Missouri Slope		STREET ADDRESS, CITY, STATE, ZIP CODE 4916 N Washington St Bismarck, ND 58503	

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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 - Actual harm Residents Affected - Few	Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions for the resident affected by the deficient practice by: * Completing investigations following fall, * Determining the CNA failed to ensure adequate supervision of resident during whirlpool bath. The facility implemented measures to ensure the deficient practice does not recur by: * Educating/re-educating bath aides starting on 06/11/24 regarding utilizing the whirlpool chair seat belt while completing resident baths, * Adding Whirlpool Safety Checklist to the lead CNA's job duties, * Adding Whirlpool Safety Performance Tracker as a quality assurance measure. This surveyor determined a deficient practice existed on 06/12/24. The facility implemented corrective actions on 06/11/24 and continues with safety checks/re-educating all bath aides.