

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355058		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/02/2025	
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3400 NEBRASKA DRIVE BISMARCK, ND 58503			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 689 SS=G	An unannounced onsite investigation survey regarding a facility reported incident was completed on 01/02/25. During the investigation the facility was found non-compliant with the regulatory requirements. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility reported incident, investigation documents, and review of the facility policy, the facility failed to ensure a resident received adequate supervision and assistive devices to prevent accidents for 1 of 1 sampled resident (Resident #1) investigated for falls. Failure to ensure staff use a gait belt during transfers resulted in a fracture and hospitalization. This citation is considered past non-compliance based on review of the corrective actions the facility implemented immediately following the incident. Findings include: The surveyor determined a deficient practice existed on 12/18/24. The facility implemented and completed corrective action on 12/20/24.			F 689	Past noncompliance: no plan of correction required.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/24/2025

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.

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F 689	Continued From page 1 Review of the facility policy titled "Fall assessment and managing fall risk" occurred on 01/02/25. This policy, dated 03/28/24, stated, ". . . If a resident is on the floor after falling they should be lifted with a mechanical lift to ensure safety. . . . Transfer/gait belt use is required during any transfer or ambulation where the resident needs stand by or higher level of assistance during transfers or ambulation. . . . When a resident falls, the nurse is responsible to assess the resident . . . prior to moving the resident. . . ." Review of the facility reported incident report, dated 12/18/24, stated, ". . . At 1735 [5:35 p.m.] CNA [certified nurse aide] came to nurses station and reported that the resident was on the floor. This nurse entered room and found resident sitting in her recliner. The CNA then reported that the resident fell but she was able to get her into her recliner. . . . Resident stated, I hit my head. . . . The CNA reported the resident fell onto the floor and she go [sic] her up and put her into her recliner. . . . bump on her head . . . weakness to left leg and reports pain . . . when tries to push leg on nurses hand. . . . This nurse updated resident's son . . . placed call to on call [provider's name] . . . order received: OK to send to . . . ER [emergency room] for evaluation post fall . . ." The facility investigation report stated, ". . . the CNA had assisted the resident from the dining area back to her room. . . . the resident requested to sit in her recliner. The resident later described to the nurse that the CNA had set the recliner at an angle and told her to stand while the CNA went to grab a cushion. The resident, thinking the CNA was behind her, stood up and	F 689			

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F 689	Continued From page 2 fell. The resident pointed towards the middle of the room when asked where the CNA was. According to the CNA, the resident had asked her to help lift her from the floor, which she did, before sitting the resident back into the recliner. The CNA also reported that a gait belt was not used at the time of the fall, nor was the full body lift utilized to help the resident into the recliner. . . ." Review of Resident #1's medical record occurred on 01/02/25. The quarterly Minimum Data Set (MDS), dated 10/15/24, identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident's care plan stated, ". . . History of falls . . . Transfer and ambulate within room with FWW [front wheeled walker], gait belt, assist of 1 [one staff]. . . Offer to ambulate back to her room from dining room with FWW, gait belt, assist of 1 with wheelchair to follow. . . . at risk for fractures r/t [related to] DX [diagnosis] osteopenia [weak bones prone to fractures] . . ." Review of Resident #1's progress notes identified the following: * 12/18/24 at 7:19 p.m., "Witnessed Fall: At 1735 CNA came to nurses station and reported that the resident was on the floor. This nurse entered room and found resident sitting in her recliner. . . . This nurse asked if she fell on her floor or was the fall prevented. Resident stated, 'I hit my head.' . . . The CNA reported the resident fell onto the floor and she go [sic] her up and put her into her recliner. . . . New order received: OK to send to . . . ER for evaluation post fall, on blood thinners, bumped back of head and c/o [complaints of] of [sic] left thigh pain. . . ."	F 689			

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F 689	Continued From page 3 Review of Resident #1's emergency room visit notes, dated 12/18/24, identified a left hip fracture and the resident evaluated by an orthopedic surgeon. Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions as follows: * Completed immediate education on gait belt use and transfer policy and procedure to staff working on the neighborhood where the resident resided. * The provider and resident representative notified of the incident and the resident transferred to the emergency room. * Placed CNA (#1) on administrative leave on 12/18/24 until further investigation and education provided. * Completed written education through the facility notification system to all direct care staff regarding gait belt use, transfer safety, and referencing resident care plans for ordered transfer status on 12/20/24. * Implemented required completion of skill competency for all direct care staff related to gait belt use and proper transfer technique in and out of wheelchairs. * Updated the orientation competency checklist to include gait belt use and proper transfer technique for new hire and travel direct care staff. * An in-depth root cause analysis completed on 12/19/24.			F 689			