STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355087	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEDGEWOOD MANOR	**804 MAIN ST W CAVALIER, ND 58220**

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F 000	INITIAL COMMENTS An unannounced onsite investigation survey regarding a facility reported incident was completed on October 7 and October 8, 2024. During the report investigation, the facility was found noncompliant with regulatory requirements. Based on the results of the investigation survey, an extended survey was conducted on October 15, 2024.	F 000		
F 600 SS=K	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on review of the facility reported incident (FRI) investigation, review of facility policy, and staff interviews, the facility failed to immediately implement safeguards for all residents after suspected sexual abuse occurred for 1 of 1 sampled resident (Resident #1). Failure to immediately protect all residents from the potential of sexual abuse placed them at risk for mental and emotional distress, and/or physical	F 600	F600 The facility immediately took action to safeguard Resident #1 when the discovery of the potential incident occurred by having a female staff member present during any direct cares at all times. Resident #1 was under the care of Hospice and expired. To ensure	11/11/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/02/2024

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F 600	Continued From page 1 injury. During the on-site FRI survey, the team consulted with the State Survey Agency (SSA) and determined an Immediate Jeopardy (IJ) situation existed on 10/07/24. The IJ was identified during an interview with three administrative staff members (#1, #2, and #5) and a staff nurse (#4) on 10/07/24 at approximately 9:55 p.m. The interview confirmed the results of a urinalysis sample, collected 09/30/24, from Resident #1, an 89-year old female who was not sexually active, contained non-motile sperm, confirmed by three laboratorians and a Medical Doctor (MD). The interview also confirmed the facility had not provided adequate protection from all potential perpetrators. This finding placed all residents at risk for mental and emotional distress, and/or physical injury. *10/08/24 at 11:08 a.m. The survey team notified the Chief Executive Officer and Director of Nursing (DON) of the IJ situation, provided the IJ template, and requested a plan for removal of the immediate jeopardy. *10/08/24 at 2:30 p.m. The survey team reviewed and accepted the facility's removal plan for the IJ. The removal plan contained the following: - No additional male travelers will be utilized for staffing until investigation is completed. - In addition, all male staff on duty or scheduled, including non direct care staff, certified nurse aides (CNAs), and licensed staff will have a female staff member with them while in a resident's room.	F 600	all other residents that may be affected by the deficient practice are protected and are free from abuse, neglect and exploitation: The Abuse, Neglect and Exploitation Policy was updated on 10/31/2024. The Abuse, Neglect, and Exploitation Policy was updated to include a thorough review of investigations by a subcommittee of the QAPI team to ensure that protective measures are put in place for all facility residents. The subcommittee will consist of the DON, QA Nurse(s), SSD and the Administrator. The subcommittee will report their findings to the QAA Committee monthly and as needed. The Abuse, Neglect and Exploitation Policy was also updated to ensure a facility wide corrective action plan is initiated with any cases where abuse, neglect or exploitation has the potential to affect other residents to ensure the safety and to protect all residents that could be in similar situations. The facility will reeducate all residents (responsible party) on the revised Abuse, Neglect and Exploitation Policy. Staff will be mandated to review the updated Abuse, Neglect and Exploitation Policy and watch the Relias Training Video titled "Abuse, Neglect, and Exploitation in the Elder Care Setting." If any staff are unavailable due to medical leave, other work obligations, school or on vacation they will complete this training when they return to their first scheduled shift at the facility. New facility staff and any agency staff will complete this training during their orientation	

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F 600	Continued From page 2 - All staff meeting held on 10/08/24 at 2:00 p.m. informed staff of the changes in procedures for care provided by male caregivers and reviewed the abuse and neglect policy. Staff not present at the meeting will read, review, and sign the information provided prior to their next shift. *10/08/24 at 2:45 p.m. The survey team verified the implementation of the removal plan as of 10/08/24 and the IJ removal. The deficient practice remained at a "G" scope and severity following the removal of the immediate jeopardy. Findings include: Review of the facility policy titled "Resident Abuse & Neglect" occurred on 10/08/24. This policy, revised 06/23/21, stated, ". . . No resident shall be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff or other agencies serving the resident . . . Abuse: is defined as the willful infliction of injury . . . with resulting physical harm, pain or mental anguish. . . . It includes . . . sexual abuse . . . Sexual Abuse: is defined as non-consensual sexual contact of any type with a resident. . . . Ongoing education on abuse will be offered no less that [sic] yearly. Should it be necessary, it will be offered more frequently. . . . Investigation of Alleged Abuse . . . Any employee who sees or suspects abuse will report immediately to the charge nurse . . . The charge nurse will assure immediate safety and mental well-being of the resident; investigate the extent of harm to the resident; and provide facts through the investigation. . . . The charge nurse will contact the DON . . . The . . . DON . . . will contact the Administrator . . . ND [North Dakota]	F 600	process. To ensure that all residents in similar situations are free from abuse, neglect and exploitation the DON, QA Nurse(s), or designee will monitor cares of 20% of the resident population, by observing random staff at various times, during random shifts to ensure that no abuse, neglect or exploitation occurs. These random room checks during cares will occur daily times 1 month, weekly times 3 months, monthly thereafter times 1 year and as needed. If any abuse is identified, including if the potential for sexual abuse exists, the facility will follow the abuse policy guidelines and report to the appropriate people including law enforcement as needed. As part of the corrective process to protect any resident with a BIM's score of below 8 that may be in a similar situation will have two staff present during any direct personal cares. The DON, QA Nurse(s), or Designee will interview random residents (20% of the census with a BIM's score of 8 or more) to ensure that no abuse, neglect or exploitation has occurred. QA interview audits will be completed weekly times 1 month, monthly times 3 months, quarterly thereafter for a year and as needed to ensure our residents are free of any abuse, neglect or exploitation. The findings of the QA audits will be reported by the subcommittee of the QAPI team to the QA committee for further evaluation and review during their monthly meetings and as needed. If any issues of abuse, neglect or exploitation are identified, the Administrator will be notified, and	

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F 600	Continued From page 3 Dept. [Department] of Health . . . Physician . . . Responsible Party . . . Police Department . . . No attempt is made to disturb the area in anyway. . . . If it is an employee who is being suspected for abuse, the employee is informed and suspended while the investigation is conducted by the DON . . . Local authorities will direct further follow-up and investigations . . . Written Report Identify person sending report and/or contact person, facility sending report, all information listed above in initial report, describe measures taken to protect the resident during investigation, describe measures taken to prevent re-occurrence of the incident . . ." Review of the facility's final investigation occurred on 10/07/24 and identified facility staff collected a urine specimen on 09/30/24 at 12:20 p.m. The description of the event stated, ". . . CNA [#6] stated, I heard [Resident #1] screaming for help and I went into the room to help her. [Resident #1] was trying to get out of bed and stated she had to go pee. . . . I assisted [Resident #1] to the bathroom . . . I remembered she needed her urine collected. I took the hat that was in the room and placed it on the toilet. After she did the sample into the hat, I finished washing her up and assisted her to the nurse's station. I informed the nurse of the sample, and she went in and got the sample. . . . Nurse [#9] . . . states the hat was full of urine and sitting in the toilet. I grabbed a clean new specimen cup and poured urine into the cup. The urine was transferred to the lab, and I received a call from the lab stating the specimen cup was not labeled. . . . Nurse [#9] . . . went to the lab and labeled the specimen with [Resident #1's] name. Nurse [#9] reports, I then got a call from Laboratorian [#7] at the lab	F 600	immediate corrective action will be completed.	

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F 600	Continued From page 4 requesting another specimen because they had concerns with the first specimen. Administrative staff [#2] . . . contacted Laboratorian [#7] at the lab and Laboratorian [#7] reported that sperm was found in the urine specimen. Administrative staff [#2] . . . contacted [Resident #1's] PCP [primary care provider] and the PCP requested [Resident #1] be brought to the clinic for further evaluation. CNA [#6] was removed from service at this time." During an interview on 10/07/24 at approximately 9:55 p.m., three administrative staff members (#1, #2, and #5) and a staff nurse (#4) confirmed they terminated the male CNA (#6) who assisted Resident #1 to the toilet but continued to allow other male staff members to provide personal cares to all residents in the facility by themselves except for Resident #1, who required two staff members present. The facility failed to ensure all residents were protected from sexual abuse. When the facility received notification of sperm identified in Resident #1's urine sample, the facility failed to implement measures to protect residents from sexual abuse by all potential male perpetrators and follow established policies and procedures.	F 600		
F 609 SS=K	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown	F 609		11/11/24

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F 609	Continued From page 5 source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of the facility reported incident (FRI) investigation, review of facility policy, and staff interviews, the facility failed to report potential sexual abuse to law enforcement for 1 of 1 sampled resident (Resident #1) with cognitive impairment. Failure to report potential sexual abuse placed Resident #1 and all other residents at risk for possible abuse and/or injury. During the on-site survey, the team consulted with the State Survey Agency (SSA) and determined an Immediate Jeopardy (IJ) situation existed on 10/07/24. The IJ was identified during an interview with three administrative staff members (#1, #2, and #5) and a staff nurse (#4)	F 609	F609 To ensure reporting of alleged violations in response to allegations of abuse, neglect, exploitation or mistreatment the facility will report any potential for sexual abuse or sexual abuse to law enforcement immediately to protect residents in similar situations. For Resident #1 On October 8th, 2024, law enforcement was notified. Resident #1 was under the care of Hospice and expired. To ensure corrective action will be accomplished for other residents that may be affected by the same deficient	

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F 609	Continued From page 6 on 10/07/24 at approximately 9:55 p.m. The interview confirmed the results of a urinalysis sample, collected 09/30/24, from Resident #1, an 89-year old female who was not sexually active, contained non-motile sperm, confirmed by three laboratorians and a Medical Doctor (MD). The interview confirmed the facility failed to notify law enforcement. These findings placed all residents in immediate danger for abuse, mental and emotional distress, and/or physical injury. *10/08/24 at 11:08 a.m. The survey team notified the Chief Executive Officer and Director of Nursing (DON) of the IJ situation, provided the IJ template, and requested a plan for removal of the immediate jeopardy. *10/08/24 at 2:30 p.m. The survey team reviewed and accepted the facility's removal plan for the IJ. The removal plan contained the following: - Chief of Police notified via phone at 11:24 a.m. on 10/08/24 of potential sexual abuse of resident regarding potential improper contents of female urine specimen. - Facility will cooperate with reporting and investigation per law enforcement. - All staff meeting held on 10/08/24 at 2:00 p.m. informed staff of the changes in procedures for care provided by male caregivers and reviewed the abuse and neglect policy. Staff not present at the meeting will read, review, and sign the information provided prior to their next shift. *10/08/24 at 2:45 p.m. The survey team verified the implementation of the removal plan as of 10/08/24 and the IJ removal. The deficient practice remained at an "E" scope and severity	F 609	practice the facility revised its Abuse, Neglect, and Exploitation Policy to include the notification of law enforcement for any potential suspected sexual abuse, sexual abuse or as needed. The facility will reeducate residents (responsible party) on the revised Abuse, Neglect and Exploitation Policy. All staff will review the revised Abuse, Neglect and Exploitation Policy. All staff will watch the Relias training video titled "Abuse, Neglect and Exploitation in the Eldercare Setting." If any staff are unavailable due to medical leave, other work obligations, school or on vacation they will complete this training when they return to work. New hires or new agency staff will complete this training during their orientation process. The DON, QA Nurse(s),or designee will monitor 20% of the resident population, monitor random staff at random times, during random shifts to ensure that no abuse, neglect or exploitation occurs. These random room checks during cares will occur daily times 1 month, weekly times 3 months, monthly thereafter times 1 year, and as needed. As part of the corrective process, to protect residents in similar situations, any resident with a BIM's score of below 8 will have two staff present during any direct personal cares. If any abuse is identified it will be reported and investigated immediately as per facility policy. If any potential sexual abuse or sexual abuse issues are identified it will be reported to the appropriate people as per facility policy including law enforcement. The	

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F 609	Continued From page 7 following the removal of the immediate jeopardy. Findings include: Review of the facility policy titled "Resident Abuse & Neglect" occurred on 10/08/24. This policy, revised 06/23/21, stated, ". . . Investigation of Alleged Abuse/Neglect . . . The . . . DON . . . will contact . . . the . . . Police Department . . . No attempt is made to disturb the area in anyway. . . . Local authorities will direct further follow-up and investigations . . ." Review of the facility's final investigation occurred on 10/07/24. A progress note, dated 09/30/24, stated ". . . An order from MD [#12] was obtained for a urinalysis Sunday night, 9/29. A urine sample was brought to the lab, without a name on it. Nurse [#9] . . . had poured the urine from the hat, to the collection cup, and forgot to place a label on it. The nurses' aide had gotten the urine from [Resident #1] . . . The urine sample showed bacteria, and sperm, which were non-motile, seen by all 4 personnel in the lab, and myself [MD #13]." During an interview on 10/07/24 at approximately 9:55 p.m., an administrative staff member (#5) confirmed the facility failed to notify law enforcement regarding the alleged sexual abuse.	F 609	DON, QA Nurse(s), or Designee will also interview random residents (20% of the census with a BIM's score of 8 or better) to ensure that no abuse, neglect or exploitation has occurred. QA interview audits will be completed weekly times 1 month, monthly times 3 months, quarterly thereafter for a year and as needed to ensure our residents are free of any abuse, neglect or exploitation. The findings of the QA audits will be reported by the QAPI subcommittee to the QA Committee for further evaluation and review during their monthly meetings and as needed. If issues are identified, the Administrator will be notified, and immediate corrective action will be completed.	
F 610 SS=K	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged	F 610		11/11/24

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F 610	Continued From page 8 violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of the facility reported incident (FRI) investigation, review of facility policy, and staff interviews, the facility failed to conduct a thorough investigation of potential sexual abuse for all residents after suspected sexual abuse for 1 of 1 sampled resident (Resident #1). Failure to investigate alleged violations of sexual abuse and ensure all residents were protected during the investigation, placed Resident #1 and all other residents at risk for possible abuse, mental and emotional distress, and/or physical injury. During the on-site survey, the team consulted with the State Survey Agency (SSA) and determined an Immediate Jeopardy (IJ) situation existed on 10/07/24. The IJ was identified during an interview with three administrative staff members (#1, #2, and #5) and a staff nurse (#4) on 10/07/24 at approximately 9:55 p.m. following the submission of the final investigation report. The report contained the results of a urinalysis sample, collected 09/30/24, from Resident #1, an 89-year old female who was not sexually active.	F 610	F610 To ensure the facility investigates/prevents/corrects alleged violations in response to the allegations of abuse, neglect, exploitation, or mistreatment for Resident # 1 (Resident #1 was under the care of Hospice and expired) and any other resident that may have the potential to be affected by the same deficient practice or residents in similar situations: The facility will take the following corrective action to investigate, prevent and correct alleged violations: The facility revised its Abuse, Neglect and Exploitation Policy on 10-31-24 for investigations to include review or include the possibility of identifying the potential perpetrator which may be a staff member, visitor, family member or another resident. As part of the revision of the Abuse, Neglect and Exploitation Policy the QAPI subcommittee will review all	

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F 610	Continued From page 9 The urinalysis sample contained non-motile sperm, confirmed by three laboratorians and a Medical Doctor (MD). The interview confirmed the following: - Male facility staff members continued to provide cares to all residents, except Resident #1, - Male residents, visitors, and non-resident care staff members were not included in the facility's investigation, and - Education had not been provided by the facility to all staff regarding sexual abuse. The facility failed to thoroughly investigate an incident of potential sexual abuse for Resident #1 which placed all residents at risk for abuse, mental and emotional distress, and/or physical injury. *10/08/24 at 11:08 a.m. The survey team notified the Chief Executive Officer and Director of Nursing (DON) of the IJ situation, provided the IJ template, and requested a plan for removal of the immediate jeopardy. *10/08/24 at 2:30 p.m. The survey team reviewed and accepted the facility's removal plan for the IJ. The removal plan contained the following: - During investigation all male staff will be accompanied by another female at all times during cares and behind closed doors. - A camera was placed in Resident #1's room on 09/28/24 and is stationed at the nurses station. - All staff meeting held on 10/08/24 at 2:00 p.m. informed staff of the changes in procedures for care provided by male caregivers and reviewed the abuse and neglect policy. Staff not present at the meeting will read, review, and sign the	F 610	potential or any abuse investigations to ensure that all potential perpetrators of sexual abuse are reviewed which may include staff, other residents, visitors or family during an investigation. The facility will reeducate all residents (responsible party) on the revised Abuse, Neglect, and Exploitation Policy. All facility staff will also be required to review the revised Abuse, Neglect, and Exploitation Policy and to complete the Relias training video titled "Abuse, Neglect and Exploitation in the Eldercare Setting." If any staff are unavailable due to medical leave, other work obligations, school or on vacation they will complete this when they return to work. New hires or new agency will complete this training as part of their orientation process. QA monitoring will be completed by the DON, QA Nurse(s), or Designee on any incidents of suspected or actual abuse investigations weekly times 1 month, monthly times 3 months, quarterly thereafter times 1 year, and as needed to ensure all facility investigations are thoroughly investigated to include investigation of all potential predators to ensure the safety of all residents and prevent the potential for further harm or injury to residents. QA monitoring will also ensure that designated parties, state survey agency, and any other officials such as law enforcement are notified as per the facility policy. Results of the QA audits will be reported by the subcommittee of the QAPI Team to the QA committee during their monthly meeting. Any issues	

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F 610	Continued From page 10 information provided prior to their next shift. *10/08/24 at 2:45 p.m. The survey team verified the implementation of the removal plan as of 10/08/24 and the IJ removal. The deficient practice remained at an "E" scope and severity following the removal of the immediate jeopardy. Findings include: Review of the facility policy titled "Resident Abuse & Neglect" occurred on 10/08/24. This policy, revised 06/23/21, stated, ". . . Investigation of Alleged Abuse/Neglect . . . Any employee who sees or suspects abuse will report immediately to the charge nurse . . . The charge nurse will assure immediate safety and mental well-being of the resident; investigate the extent of harm to the resident; and provide facts through the investigation. . . . No attempt is made to disturb the area in anyway. . . . The charge nurse will complete a variance report. The report will be reviewed by the DON and Administrator to determine the direction of the investigation, and to identify occurrences for patterns, and trends that constitute abuse. . . . The investigation will include interviews with the resident reported to have been abused . . . anyone witnessing the abuse, the individual suspected of committing the abuse, or other pertinent persons. . . . A report of the investigation is written, including summaries of all interviews, and any other investigation activities . . . When the investigation is finished, the investigator will meet with Administrator, and a decision shall be made regarding the validity of the reported abuse or need for further investigation. . . . Local authorities will direct further follow-up and investigations as needed. . .	F 610	identified wil be reported to the Administrator and immediately corrected. The DON, QA Nurse(s) or designee will monitor 20% of the resident population during cares, monitor random staff at random times, during random shifts to ensure that no abuse, neglect or exploitation occurs. These random room checks during cares will occur daily times 1 month, weekly times 3 months, monthly thereafter times 1 year and as needed. If any abuse is identified including the potential for sexual abuse exists, the facility will follow the abuse and policy guidelines and report to the appropriate people including law enforcement as needed. The DON, QA Nurse(s), or Designee will also interview random residents (20% of the census with a BIM's score of 8 or better) to ensure that no abuse, neglect or exploitation has occurred. As part of the corrective process to protect and ensure the safety of residents that may be in similar situations, the facility will have two staff present during any direct personal care with a BIM's score of below 8. QA interview audits will be completed weekly time 1 month, monthly times 3 months, quarterly thereafter times 1 year and as needed to ensure our residents are free of any abuse, neglect and exploitation. The findings of the QA audits will be reported by the subcommittee of the QAPI team to the QA committee for further evaluation and review during their monthly meetings and as needed. If issues are identifed, the Administrator will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355087	A. BUILDING _____ B. WING _____	C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 610	Continued From page 11 . Written Report Identify person sending report and/or contact person, facility sending report, all information listed above in initial report, describe measures taken to protect the resident during investigation, describe measures taken to prevent re-occurrence of the incident, include a written statement clearly identifying the result of the investigation and actions taken, include copies of written and signed statements of CNA, witness(es), and resident, include copies of any other documents, or pictures . . . resulting from investigation." Review of the facility's final investigation occurred on 10/07/24. A progress note, dated 09/30/24, stated ". . . An order from MD [#12] was obtained for a urinalysis Sunday night, 9/29. A urine sample was brought to the lab, without a name on it. Nurse [#9] . . . had poured the urine from the hat, to the collection cup, and forgot to place a label on it. The nurses' aide had gotten the urine from [Resident #1] . . . The urine sample showed bacteria, and sperm, which were non-motile, seen by all 4 personnel in the lab, and myself [MD #13]." During an interview on 10/07/24 at approximately 9:55 p.m., three administrative staff members (#1, #2, and #5) and a staff nurse (#4) confirmed male direct care staff performed cares alone on all residents with the exception of Resident #1. The staff members confirmed the investigation failed to include wandering male residents. The facility lacked evidence of investigations of all potential perpetrators of sexual abuse and failed to protect all residents during the investigation.	F 610	be notified, and immediate corrective action will be completed.	

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