STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355069	A. BUILDING _____ B. WING _____	C 12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE HEARTLAND	**620 14TH AVE NE DEVILS LAKE, ND 58301**

(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 An unannounced onsite investigation survey regarding complaints and facility reported incidents was completed on December 3-4, 2024. During the investigation, the facility was found noncompliant with regulatory requirements.	F 000		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced	F 625		1/6/25

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

Electronically Signed | 12/31/2024

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F 625	Continued From page 1 by: Based on record review, review of facility policy, and staff interview, the facility failed to provide the resident and/or the resident's representative a written bed hold notice for 1 of 1 closed record (Resident #10) reviewed for hospital transfers. Failure to provide a written copy of the bed hold notice does not allow the resident and/or their representatives to make an informed decision regarding their care. Findings include: Review of the facility policy titled "Bed-Hold" occurred on 12/04/24. This policy, revised October 2021, stated, ". . . Upon transfer/admission to the hospital, the Social Worker or designee will complete the following information with the resident/responsible party. * Review Notice of Transfer For Hospitalization (ND [North Dakota]) . . . and obtain signature. * Review Bed Hold form and obtain signature. * Provide a signed copy to the resident/responsible party. * Ensure that a copy of the notice(s) accompanies the resident to the hospital. * File the signed forms in the resident's electronic health record. . . ." Review of Resident #10's medical record occurred on all days of survey and identified a hospital transfer occurred on 11/18/24. The medical record lacked documentation the facility provided Resident #10 and/or the resident's representative with a written bed hold notice. During an interview on 12/04/24 at 4:45 p.m., an administrative staff member (#2) confirmed staff failed to provide the required bed hold notice to	F 625	1. Written bed hold notice is unable to be provided to resident #10 as resident #10 has since discharged from facility. 2. All residents being transferred to the hospital have the potential to be affected by this practice. 3. All nurses and social services staff will receive education on or before 01/03/25 regarding the facility Bed Hold policy and the requirement to provide a written bed hold notice upon all transfers to the hospital. All current residents who have transferred to the hospital have been audited to ensure a written bed hold notice in place. 4. The Director of Nursing or Designee will audit to ensure that all residents transferred to the hospital are provided with a written bed hold notice. The Director of Nursing or Designee will audit residents weekly for one month, then monthly for three months and quarterly for one year. If concerns are identified, immediate corrective action will be implemented. The results of the audits will be reported to the QA committee for further review and recommendation. 5. Compliance will occur on 01.06.2025.	

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F 625	Continued From page 2 the resident and/or the resident's representative upon transfer to the hospital.	F 625		
F 689 SS=D	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 and investigation documents, and review of facility policy, the facility failed to provide appropriate supervision and/or assistance to prevent an accident for 1 of 1 resident (Resident #1) who fell during a mechanical stand lift transfer. Failure to provide two-person assistance and failure to utilize the shin strap resulted in Resident #1's fall from the stand lift, injury, and placed all residents transferred via a stand lift at risk for falls and/or injury. 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 09/17/24. The facility completed the corrective action on 09/23/24. The final facility reported incident report, dated	F 689	Past noncompliance: no plan of correction required.	

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F 689	Continued From page 3 09/17/24, stated, ". . . The charge nurse was outside of room and heard resident calling for help in a loud tone, nurse immediately went in to investigate. Upon entering the room, the nurse witnessed [Resident #1] on the floor with the wheelchair behind her. The PAL [type of mechanical lift] lift jacket was secured around mid-upper chest; the residents' [sic] hands were outstretched above her head, not touching the lift handles. Residents' [sic] lower legs and feet were resting on the right side of PAL foot board. Leg straps were not secured in place at the time of fall. [Name of certified nurse aide (CNA #1)], the CNA working with resident that evening, was seen standing at operating pad of PAL lift. [Resident #1's] right hip grazed the foot pedal of the wheelchair in [sic] which caused an abrasion to her right hip. . . . RCM [Resident Care Manager] witnessed several transfers with resident . . . The transfers witnessed went without concern, therefore the care plan was left as assist x [times] 2 staff via Pal Lift. . . ." Review of the facility policy titled "Standing Lifts" occurred on 12/04/24. This policy, revised January 2024, stated, ". . . Secure leg straps around the resident's lower legs for additional security and support if appropriate. . . ." Review of Resident #1's medical record occurred on all days of survey. The quarterly Minimum Data Set (MDS), dated 10/05/24, identified dependance on staff for sit-to-stand transfers. The current care plan stated, ". . . assist of two for all transfers for safety of resident . . . transfers from wheelchair, recliner, or toilet PAL lift assist x 2 with . . . leg strap secured. . . ."	F 689		

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F 689	Continued From page 4 The progress notes stated the following: * 09/17/24 at 11:59 p.m., ". . . Time of fall: 2000 [8:00 p.m.] . . . Fall had acquired [sic] during transfer via PAL lift. . . . Abrasion to R) [right] hip . . . Staff educated to follow plan of care appropriately. Resident is to be assist x 2 for all transfers. . . ." * 09/18/24 at 8:00 a.m. and 4:00 p.m., ". . . Resident ROM [range of motion] as before fall. She said her right hip is sore but denies any other pain. . . ." * 09/28/24 at 8:40 a.m., ". . . has a healed scratch to right lateral hip and small pink scratch to her left upper scapula [shoulder blade] . . . ." Based on the following information, non-compliance at F689 is considered past non-compliance. The facility implemented corrective actions to ensure the deficient practice does not recur by: * Completing an investigation on 09/17/24, including an interview with the CNA #1 who transferred Resident #1 via a stand lift. * Determining the CNA #1 provided assistance without waiting for her coworker and failed to utilize the shin strap during the stand lift transfer resulting in Resident #1's fall from the lift, injury, and placed all residents at risk for falls with/without injury. * Suspending the CNA #1 on 09/17/24 and removing her from her position on 09/23/24. * Immediately re-educating every CNA who worked the evening shift on 09/17/24 on the importance of following the care plan and the severity of falls involving mechanical lifts. * Observing the CNAs transferring Resident #1 to ensure there were no immediate safety concerns. * Referring Resident #1 to Physical Therapy for	F 689		

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F 689	Continued From page 5 reassessment of her transfer abilities. * Educating all staff who operate the mechanical stand lift on the use of the lift, the different safety concerns when operating the lift, and the importance of following the care plans as written. * Completing quality assurance audits to ensure resident safety during lift transfers.	F 689		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law;	F 842		1/6/25

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F 842	Continued From page 6 (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced	F 842		

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F 842	Continued From page 7 by: Based on record review, facility incident report, and staff interview, the facility failed to ensure a complete and accurate medical record for 1 of 4 sampled residents (Resident #9) reviewed for resident-to-resident altercations. Failure to have a complete and accurate medical record limited staff's access to the most recent medical information regarding the residents. Findings include: Review of a facility incident report, dated 11/12/24, stated, "Staff overheard elevated voices and went to intervene. When approached, both residents had their hands placed onto the walker attempting to take it away from one another. No physical contact was noted resident to resident during this situation. . . ." During an interview on 12/03/24 at 5:04 p.m., an administrative nurse (#2) confirmed the other resident involved in the incident, dated 11/12/24, was Resident #9. Review of Resident #9's medical record occurred on all days of survey and included a diagnosis of Alzheimer's Disease. The medical record lacked documentation related to the 11/12/24 incident between Residents #4 and #9. During an interview on 12/03/24 at 5:33 p.m., an administrative nurse (#2) confirmed Resident #9's medical record lacked documentation related to the 11/12/24 incident and would expect documentation to be completed for both residents related to this incident.	F 842	1. Resident #9□s medical record was reviewed. Documentation was added to the medical record regarding the incident on 11/12/24 to ensure a complete and accurate medical record. 2. All residents involved in a resident-to-resident altercation have the potential to be affected by this practice. 3. All nurses will receive education on or before 01/03/25 regarding ensuring a complete and accurate medical record, specifically regarding documentation requirements related to resident-to-resident altercations. All current residents who have had resident-to-resident altercations have been audited to ensure a complete and accurate medical record. 4. The Director of Nursing or designee will audit resident-to-resident altercations to ensure a complete and accurate medical record. The Director of Nursing or Designee will monitor resident-to-resident altercations weekly for one month, then monthly for three months and quarterly for one year. If concerns are identified, immediate corrective action will be implemented. The results of the audits will be reported to the QA committee for further review and recommendation. 5. Compliance will occur on 01.06.2025.	