STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING _____ B. WING _____	C 04/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING CENTER OF GARRISON	**609 4TH AVE NE GARRISON, ND 58540**

(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 a complaint was completed on March 30-April 3, 2023. The concerns identified by the complainant were substantiated.	F 000		
F 609 SS=D	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 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:	F 609		4/21/23

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

Electronically Signed | 04/18/2023

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F 609	Continued From page 1 Based on information provided by the complainant, policy review, and staff interview, the facility failed to report an abuse allegation to the State Survey Agency within two hours and the results of the investigation within five working days for 1 of 1 sampled resident (Resident #1) who alleged they were sexually assaulted. Failure to report an abuse allegation and the results of the facility's investigation to the State Survey Agency placed all residents at risk for possible abuse. Findings include: The complainant reported Resident #1 hollered "he tried to rape me" in the dining room in front of other residents, staff members, and visitors on 03/19/23. When questioned, Resident #1 gave a vague description of one of the staff members as the alleged perpetrator. The complainant alleged the facility failed to report and investigate the allegation. Review of the facility policy titled "Abuse Prevention Plan" occurred on 04/03/23. This policy, dated 2017, stated, ". . . Possible Incidents Which Need Investigation . . . Any person with the knowledge or suspicion of suspected abuse . . . must report immediately, without fear of reprisal and/or retaliation. . . . If the event that caused the suspicion involves abuse . . . the individual is required to report the suspicion to the state immediately, but not later than 2 hours after forming the suspicion. . . . Within five working days . . . the Director of Nursing, Director of Social Services, or their designee will electronically submit the facility's investigative report to the appropriate state	F 609	F609 = D Reporting of Alleged Violations CFR(s): 483.12 (b)(5)(i)(A)(B)(c)(1)(4) 1) Complaint survey indicated that facility did not properly report alleged report of rape to the State Survey Agency, administrator and adult protective services with-in 24 hours. Complaint survey also indicated facility failed to report an abuse allegation to State Survey Agency within the required two hours and the results of the investigation within five working for Resident #1. Resident #1 will be monitored for any indications of sexual assault as allegations are reported X 6 months. Resident #1 will be interviewed bi-weekly for 3 months; then monthly for 3 months. 2) All residents have the ability to be victim of some type of abuse allegation. All resident incidents of alleged allegations will be reported and fully investigated following our facility adopted Report of abuse/neglect process steps document as well as the facility abuse policy. 3) Education on following our facility adopted Report of abuse/neglect process steps document as well as the facility abuse policy with all staff will be completed by 4-28-23. All staff will continue to receive annual training on Educare on abuse and neglect as well as at the time of hire. Nurses will be educated according to facility policy on the need to document findings in medical	

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F 609	Continued From page 2 agency. . . . 'Sexual abuse': non-consensual sexual contact of any type with a resident . . ." When asked questions pertaining to the facility's reporting process, staff interviews on 03/30/23 identified the following: * At 2:18 p.m., a social services staff member (#2) indicated, "A concern is reported to the charge nurse who passes it on to me. We do not have a form for a concern [abuse allegation]. Sometimes we use a behavior sheet. The form goes to the charge nurse who signs it, showing they received it. The forms are filed in one of two boxes, in my office or on the unit." * At 2:25 p.m., a CNA (certified nursing assistant) (#3) stated, "We fill out a behavior form and let the charge nurse know. It [the form] goes in the social worker's box. I gave the sheet [regarding Resident #1's allegation] to [the nurse]. It was during change of shift." * At 4:05 p.m., the social services staff member (#2) stated, "They called me on the 19th [of March - the day Resident #1 made the allegation] about this. The charge nurse had assessed her. There was nothing [no visible injuries], no bruises. If the nurse said she saw something [an injury], then I would have reported it." Review of State Agency records lacked evidence the facility reported Resident #1's sexual assault allegation. Facility staff failed to report Resident #1's assault allegation within two hours and failed to report the results of their investigation within five working days of the incident. Refer to F610.	F 609	record by 4-28-23. All residents will be educated on abuse reporting by 4-28-23. All interviewable residents will be interviewed by 4-28-23 to determine if any other potential abuse has occurred. 4) Audits will be conducted by Social Services Designee (SSD) after each reported incident for 6 months to assure proper reporting and proper investigations. IDT Team will meet daily (Monday through Friday) to review any potential allegations and to assure reporting requirements have been met and solutions are sustained. All allegations will be reviewed at quarterly QA meetings. Monthly random interviews of 3 residents x 3 months will be done to ensure they have not had any cases of abuse. 5) Date Certain 4/28/23	

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F 610 SS=D	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 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 information provided by the complainant, record review, policy review, and staff interview, the facility failed to thoroughly investigate an abuse allegation for 1 of 1 sampled resident (Resident #1) who alleged they were sexually assaulted. Failure to thoroughly investigate all abuse allegations, ensure residents are protected, and implement safety measures during the investigation placed all residents at risk for possible abuse. Findings include: The complainant reported Resident #1 hollered "he tried to rape me" in the dining room in front of other residents, staff members, and visitors on	F 610	F610 = D Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) 1) Complaint survey indicated that the facility failed to thoroughly investigate an alleged sexual assault whether there was injury or not. Resident #1 will be monitored for any indications of sexual assault as allegations are reported for 6 months. Resident #1 will be interviewed bi-weekly for 3 months; then monthly for 3 months. 2) All residents have the ability to be victim of some type of abuse allegation. All resident incidents of alleged	4/21/23

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F 610	Continued From page 4 03/19/23. When questioned, Resident #1 gave a vague description of one of the staff members as the alleged perpetrator. The complainant alleged the facility failed to report and investigate the allegation. Review of the facility policy titled "Abuse Prevention Plan" occurred on 04/03/23. This policy, dated 2017, stated, ". . . All . . . allegations of abuse . . . will be thoroughly investigated by the Director of Social Services, Director of Nursing, or their appropriate designees. . . . All events will be investigated whether they cause injury or harm or no injury or harm. . . . Measures will be taken to identify the source of the alleged abuse and prevent future incidents. . . . Identify and interview all who might have knowledge of the incident including the alleged victim, perpetrator . . . or others who may have had related contact with the alleged perpetrator, related to the incident in question. . . . The focus of the investigation is to determine the extent, cause and future prevention with thorough documentation of the investigative process completed . . . safety measures may include . . . Responding immediately to protect the resident or alleged victim from further abuse . . . Examining the alleged victim for any sign of injury, including a physical examination . . . Providing increased staff supervision of resident, as needed . . . Providing alternate caregiver(s) to the resident, as appropriate. . . . 'Sexual abuse': non-consensual sexual contact of any type with a resident . . . " Review of Resident #1's medical record occurred on 03/30/23. Diagnoses included anxiety, dementia, depression, and psychotic disorder	F 610	allegations will be reported and fully investigated following our facility adopted Report of abuse/neglect process steps document as well as the facility abuse policy. 3) Education on following our facility adopted Report of abuse/neglect process steps document as well as the facility abuse policy with all staff will be completed by 4-28-23. All staff will continue to receive annual training on Educare on abuse and neglect as well as at the time of hire. Nurses will be educated according to facility policy on the need to document findings in medical record by 4-28-23. All residents will be educated on abuse reporting by 4-28-23. All interviewable residents will be interviewed by 4-28-23 to determine if any other potential abuse has occurred. 4) Audits will be conducted by Social Services Designee (SSD) after each reported incident for 6 months to assure proper reporting and proper investigations. IDT Team will meet daily (Monday through Friday) to review any potential allegations and to assure reporting requirements have been met and solutions are sustained. All allegations will be reviewed at quarterly QA meetings. Monthly random interviews of 3 residents x 3 months will be done to ensure they have not had any cases of abuse. 5) Date Certain 4/28/23	

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F 610	Continued From page 5	F 610		

with hallucinations. A social services assessment, dated 02/20/23, identified, ". . . [Resident #1] . . . scored 3 on the BIMS [Brief Interview for Mental Status] indicating . . . severe impairment. . . ."

When asked questions pertaining to the facility's abuse investigation process, staff interviews on 03/30/23 identified the following:
* At 2:18 p.m., a social services staff member (#2) indicated, "A concern is reported to the charge nurse who passes it on to me. She enters a progress note. The forms [behavior tracking sheets] are filed in one of two boxes, in my office or on the unit. ITD [the interdisciplinary team] then reviews the incident and will update the care plan if needed."
* At 2:25 p.m., a CNA (certified nursing assistant) (#3) stated, "I put in a behavior form [regarding Resident #1 on 03/19/23]. She [Resident #1] told me, 'A . . . guy came in and took my clothes off, took his clothes off, and was about to do something bad to me, when the door suddenly opened, and he ran out.' Another . . . CNA walked into the room with another resident. I [CNA #3] asked her [Resident #1] if that was him [alleged perpetrator] and she said, 'No, it was the meaner looking one.' This was not typical behavior for her. I gave the sheet to [the nurse]. It was during change of shift."

On 03/30/23 at 3:50 p.m., the social services staff member (#2) located and provided copies of the behavior tracking forms submitted by three CNAs (#3, #6, and #7) on 03/19/23 addressing Resident #1's assault allegation. The forms identified the following:
* CNA (#6) stated, "[CNA #7] brought [Resident

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F 610	Continued From page 6 #1] into [sic] dining room to her table. She [Resident #1] said to me as I approached in a loud voice 'he tried to rape me . . .' I asked 'rip' you [sic] she screamed, banged her fist on the table [sic] yelled 'no, rape me.' I said who him pointing to [CNA#7] she said 'no the other [male]' then repeated pointing at [CNA #7] 'not him the other [male] he's not here.'" * CNA (#7) stated, ". . . I asked her [Resident #1] can I put your feet back from [sic] the padel [sic]. After that she started [sic] agitate [sic]. Getting her close to dinner table, [CNA #6] stopped by and asked her if everything [sic] okay. [Resident #1] said he rap [sic] me. [CNA #6] ask [sic] again is [CNA #7] and she said no." * CNA (#3) stated, "I was approached by Culinary staff that [Resident #1] was upset and to please come talk to her. I approached the neighbor [Resident #1] slowly and kneeled down beside her. I asked her if she was okay and she said I guess I have to be. I then asked what happened she said a . . . man ripped her clothes off and took his clothes off and was trying to do bad things to her, the door opened and he [ran out] . . ." On 03/30/23 at 4:05 p.m., when asked questions pertaining to the steps taken after the allegation was reported to the nurse, the social services staff member (#2) stated, "They [the nurse] called me on the 19th [03/19/23] about this. The charge nurse had assessed [Resident #1]. There was nothing [no visible injuries], no bruises. [Resident #1] is always making claims. She tells wild stories. Ever since her [femur] surgery, she has been declining and hallucinating. She is not a valid witness. If the nurse said she saw something [an injury], then I would have reported	F 610		

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F 610	Continued From page 7	F 610		

it. When I talked to her on the 20th, [Resident #1] wasn't saying this [assault allegation]." When asked if it was typical for Resident #1 to make assault accusations, an administrative staff member (#5) and the social services staff member (#2) responded, "No."

On the afternoon of 03/30/23, the social services staff member (#2) indicated she interviewed Resident #1 on 03/20/23 and provided a copy of her handwritten notes. She documented that the resident used nonsensical speech, talked about cats and dogs, appeared unafraid, and did not mention men.

The medical record lacked evidence the nurse examined Resident #1 for any sign of injury as per facility policy. On 03/31/23 at 11:00 a.m., the administrative staff member (#5) confirmed the nurse failed to document the results of Resident #1's physical examination.

Per facility policy, the facility failed to:
* thoroughly investigate an allegation of sexual assault, whether there was evidence of an injury or not,
* examine the alleged victim for any sign of injury and document the results of the exam in the resident's medical record,
* identify and interview everyone who had knowledge of the incident,
* take measures to identify the source of the alleged abuse,
* provide increased supervision for the alleged victim and/or provide alternate caregivers as deemed appropriate, and
* ensure thorough documentation of their investigation process.

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F 610	Continued From page 8 Refer to F609.	F 610		