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 06/05/2025

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 facility reported incident and a complaint was completed on 06/04/25. During the report investigation the facility was found in compliance with regulatory requirements. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the	F 578		

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

Electronically Signed | 06/19/2025

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F 578	Continued From page 1 time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure the resident's right to request, refuse, and/or discontinue treatment for 1 of 1 closed record resident (Resident #4) reviewed for advanced directives. Failure to honor the resident/resident representative's wishes for code status resulted in unwanted treatment for Resident #4. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: This surveyor determined a deficient practice existed on 05/17/25. The facility implemented corrective action and completed on 05/22/25. Review of the facility policy titled "Initiation of CPR/AED [cardiopulmonary resuscitation/automated external defibrillator] and BLS [basic life support] Associate Training Expectations" occurred on 06/05/25. This policy, dated 2018, stated, ". . . CPR/AED will be	F 578	Past noncompliance: no plan of correction required.	

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F 578	Continued From page 2 initiated on a resident who is found unresponsive, except when: 1) a Provider medical order states a code status of DNR [do not resuscitate] . . ." Review of Resident #4's medical record occurred on all days of survey. A Physician Order for Life Sustaining Treatment form, dated 09/22/22, stated, ". . . DNR/DO NOT ATTEMPT RESUSCITATION . . ." Review of Resident #4's nursing notes, dated 05/17/25, identified the following: * 7:39 a.m., "At 0300hrs [3:00 a.m.], neighbor [Resident #4] was found irresponsive [sic] . . . was turning blue in color so I performed CPR . . . I checked . . . blood sugar and it was 66 mg/dL [milligrams per deciliter] and I called 911. [Resident #4] was sent out to [hospital] for further evaluation. . . ." * 10:13 a.m., "0920 [9:20 a.m.] - neighbor came back from [hospital] assisted by CNA [certified nurse aide] per wheelchair. Neighbor is alert, awake and conversant, confused at times. . . . Neighbor still has dry cough, clear lung sounds, bilateral, audible grunting upon inspiration, SPO2 [oxygen saturation]: 91% [percent] at room air . . . [Resident #4] received only Glucagon [medication used to treat low blood sugar] nasal spray as per nurse, no IV [intravenous] fluids were given. Chest x-ray was done, no significant changes as per nurse. Labs done. . . ." During an interview on 06/04/25 at 1:25 p.m., an administrative staff (#1) confirmed the nurse (#2) performed CPR on Resident #4 even though the resident had a DNR order, and expected staff to follow resident code status orders.	F 578		

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F 578	Continued From page 3 Based on the following information, non-compliance at F578 is considered past non-compliance. The facility implemented corrective actions as follows: * Educated staff nurse (#2) on the facility policy "Initiation of CPR/AED and BLS Associate Training Expectations" on 05/19/25. * Implemented a new process to easily identify residents with a "Full Code" code status at the resident bedside and educated all staff on the new process on 05/22/25.	F 578		