STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST ALOISIUS	325 E BREWSTER ST , HARVEY, North Dakota, 58341

(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
F0000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 03/03/25 and concluded on 03/05/25.	F0000		
F0689 SS = E	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 observation, review of facility policy, and resident and staff interviews, the facility failed to maintain acceptable hot water temperatures for 1 of 2 units (Unit A) observed for water temperature. Failure to ensure acceptable hot water temperatures has the potential for burn injuries to residents, visitors, and staff. Findings include: Review of the facility policy titled "Hot Water Temperature Check" occurred on 03/04/25. This policy, dated 12/21/11, stated, "The domestic hot water must be kept at 110 degrees or less for the safety of our patients, visitors, and employees. The water temperature will be monitored at various locations throughout the facility to ensure that it stays at 110 degrees or less. The temperature in the tank will be monitored by the gauge on the tank. . . . 2. A thermometer will be used at various sinks throughout the facility. . . ."	F0689	1) No residents were negatively impacted. Plant manager met with maintenance staff and assessed all mixing valves in facility on 030525 and again on 030625 during survey period. 2)All residents have the potential to be impacted. 3)A new mixing valve was installed on 030625 by BPS Plumbing. 4) The director of Plant Operations or his designee will conduct twice daily water temperatures checks at multiple locations/sinks on Unit A for 2 weeks and then weekly as indicated per updated policy. Per updated policy entire facility water temperature is monitored weekly at various locations with a water thermometer. Water temperature gauges are monitored weekly and all results are recorded. If temperatures are noted out of range Plant Manager is notified and adjustments are made to mixing valve with follow up temperature repeated until temperature compliance met. HOT WATER TEMPERATURE CHECK POLICY was updated on 030625. Maintenance staff was educated on new policy with competency check of completing temperature assessment and documentation at staff meeting on 030625. On 032525 Memo was sent out to staff and posted on Unit A and Unit B to remind staff to report resident concerns on water temperature to maintenance department. 5) The maintenance team will complete water temperature checks per policy to ensure water temperatures are meeting regulation guidelines and are functioning properly. Findings of temperature checks will be documented and kept for review.	03/25/2025

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 reverse for further 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355037	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0689 SS = E	Continued from page 1 Observation on 03/04/25 showed the following water temperatures in resident bathrooms: 09:41 a.m. - Room #9 125 degrees Fahrenheit (F) 09:42 a.m. - Room #5 124.5 degrees F During an interview on 03/04/25 at 10:08 a.m., two maintenance staff members (#2 and #3) stated staff check the water temperature gauge at the distribution valve where the hot and cold water mix and not in the resident rooms. The staff members stated they expected water temperatures in resident rooms at 110 degrees F or less. Observations on 03/05/25 at 8:15 a.m. showed 23 resident rooms on Unit A with water temperatures between 119.3 - 123.8 degrees F. During a confidential interview on 03/05/25 at 8:40 a.m., Resident A stated the water has been pretty hot. When asked if he/she ever received a burn from the hot water, Resident A stated, "No." During an interview on 03/05/25 at 8:54 a.m., a maintenance staff member (#2) reported the water temperature at 124 degrees F at the distribution valve.	F0689	Continued from page 1 Audits for quality assurance that temperatures are in proper range and that temperature checks are being completed will be completed by Plant Manager weekly x4 weeks then monthly for 3 months then quarterly for remainder of a year. Audits will be completed by Plant Manager and reported to QI committee.	