STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355102	A. BUILDING _____ B. WING _____	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WENTZ LIVING CENTER	**555 LAKE AVE E NAPOLEON, ND 58561**

(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 The standard Medicare/Medicaid recertification survey started on 01/23/23 and concluded 01/26/23.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		2/28/23

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

Electronically Signed | 02/08/2023

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 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.

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F 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of resident rights guide, and resident and staff interviews, the facility failed to provide care in a manner and environment that maintained or enhanced the resident's dignity for 1 of 12 sampled residents (Resident #6). Failure to allow Resident #6 the choice to use her own beverage does not respect her personal preference and violates her rights to a dignified existence. Findings include: Review of the policy titled, "Resident Rights" occurred on 01/26/23. This policy, dated October 2022, stated, ". . . It is the policy of this facility to protect and promote the right of each resident . . . including the right to a dignified existence, self-determination . . ." The North Dakota Long Term Care Ombudsman Program Resident's Rights Guide, dated 08/01/19, stated, ". . . The facility staff must treat you courteously, fairly and with dignity. . . ." Review of Resident #6's medical record occurred on all days of survey. The current care plan stated, ". . . Allow resident to make choices . . . Respect her choices and resident rights. . . ."	F 550	Napoleon Care Center (NCC) will respect the rights of residents, treating them with respect and dignity and honoring their personal preferences. 1. Resident no. 6 will be treated with dignity and we will respect her personal preferences, allowing to bring her pop or other personal items into dining or activities as she desires. 2. All NCC residents will be treated with dignity and have their personal perferences respected allowing pop or other personal items into the dining room or activities as they desire. 3. All staff will be re-educated on resident rights and respecting resident's personal preferences at mandatory staff meetings scheduled for February 21,22 and 23rd of 2023. Social services will review, "The Guide to Resident Rights" at their February resident council meeting. 4.NCC will monitor resident no.6 and a random sample of residents that they are treated with dignity and their personal preferences of bringing pop or other personal items into the dining room or activities is respected monthly starting in March x 3, then quarterly by social	

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F 550	Continued From page 2 Progress notes included the following: * 01/15/23 at 3:10 p.m., " . . . Behavior Note . . . [Resident #6] was in the dining room now at snack time and nurse went up behind her and informed her that I would have to ask her to leave the dining room as she has her pop cup on her chair which she was [sic] been informed is a [sic] infection control issue . . ." * 01/15/23 at 11:44 p.m., ". . . Behavior Note . . . [Resident #6] came from her room and she did not leave her pop cup in her room she put it on a table in the activity room. [Resident #6] has been instructed numerous times by multiple staff that this is an infection control issue, pop cup taken to her room. . . ." * 12/19/22 at 1:05 p.m., ". . . Behavior Note Res. [Resident] brought her pop into the dining room at dinner. Res. has been talked to numerous times about this. Reminded res. that she can not have her pop in the dining room and that she needed to return it to her room. Res stated 'I'll just throw it away'. Resident threw pop away and returned to meal. . . ." * 12/15/22 at 1:35 p.m., ". . . Behavior Note . . . Res did not have her oxygen tank filled prior to staff getting her up for Bingo, but she refused to stay in her room and wait on her concentrator before getting to activity room even though Bingo doesn't start until 1345 [1:45 p.m.]. Res then brings a can of diet coke to the activity room and cracks it open, sets it on the table, and when activity staff tells her that she can't have it in the activity room she gets verbally rude and upset with activity aide, 'well why can the activity staff have theirs in here then?' . . ." * 12/3/22 at 3:00 p.m., ". . . Behavior Note . . . [Resident #6] waiting in dining room for snack &	F 550	services. When QA data is being completed any concerns will be reported to the DON/Administrator to address with staff immediately. The QA data will be reviewed by the QA committee and board of directors meeting monthly.	

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F 550	Continued From page 3	F 550		

asks multiple staff for 3 cups of ice for her water bottle. Nurse comes to dining room and sees [Resident #6] has her water bottle with her, which she knows she shouldn't have & has been reminded of multiple times. [Resident #6] getsupset [sic] when told to leave dining room and go put water bottle back in her room. [Resident #6] then finds out that the ice machine is currently out of ice at this current moment, and she will have to wait a few moments for it to produce more ice. She has a panic attack, freaking out on all staff members accusing them of doing everything wrong, breaking the machine, filling ice waters for residents incorrectly, and continuously accusing CNAs [certified nurses' assistant] of being in the wrong. Meanwhile, res still won't leave the DR [dining room] with her water bottle so had to be reminded again. . . ."

Observation on 01/25/23 at 1:49 p.m., showed a twenty ounce bottle of pop on a table with four unidentified residents and one unidentified staff member during bingo in the activity room.

During an interview on 01/24/23 at 4:40 p.m., when asked she feels about not being allowed to have her persona beverage container in the dining room/activity room, Resident #6 stated as far as she knows she is allowed to have it in the activity room but not the dining room. The resident stated she feels like she's a child when staff tell her she has to leave the dining room because she has her personal pop container in her chair and that it upsets her.

During an interview on 01/25/23 at 3:15 p.m., when asked why Resident #6 was not allowed to bring her personal beverage container and/or

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F 550	Continued From page 4 bottle of pop in the dining room, a dietary staff member (#6) stated she had been told this by a previous dietary staff member. During an interview on 01/25/23 at 3:17 p.m., an administrative staff member (#2) stated Resident #6 is not allowed to bring her personal beverage container and/or bottle of pop to the dining room because it is brought from her room, it is an infection control issue because she touches her cup and it is dirty. The administrative nurse (#2) also stated the resident can have her personal beverage container and/or twenty ounce bottle of pop in the activity room. During an interview on 01/25/23 at 3:31 p.m., two administrative staff members (#1 and #5) stated Resident #6 is not allowed to have her personal beverage container or bottle of pop in the dining room or activity room whether it is on the table or in the holder attached to her wheelchair. An administrative staff member (#5) stated, "We started this during Covid due to infection control, no residents are allowed to bring personal items into the dining room. . . ." The facility failed to honor the resident's right allowing her to have her personal beverage container and/or bottle of pop in the activity room/dining room and failed to treat the resident with dignity and respect her individual preferences.	F 550		
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	F 689		2/28/23

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F 689	Continued From page 5 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, record review, review of facility policy, and staff interview, the facility failed to provide adequate supervision necessary to prevent accidents for 1 of 8 sampled residents (Resident #16) who required staff assistance for transfers. Failure to stay with the resident in the bathroom as care planned places the resident at risk for falls and/or injuries. Findings include: Review of the facility policy titled "Care Plans - Baseline and Comprehensive Person-Centerted [sic]" occurred on 01/26/23. This policy, revised October 2022, stated, ". . . It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident . . . to meet a resident's medical, nursing, and mental and psychosocial needs . . . Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made." Review of Resident #16's medical record occurred on all days of survey and included diagnoses of unspecified dementia, fracture of unspecified part of neck of femur and history of falling. The current care plan stated, ". . . TOILET USE: The resident requires one assist with	F 689	NCC will provide adequate supervision necessary to prevent accidents. 1. Resident no. 16 will have direct supervision during toileting to prevent accidents as his careplan states. 2. All residents will have adequate supervision to prevent accidents during toileting per resident's careplanned level of assistance by re-educating staff in mandatory meeting re: following careplans. 3. Nursing and CNA staff were initially re-educated by taped shift report on 1/19/23 - 1/23/23 to not leave resident no. 16 unattended toileting. Re-education to nursing and CNA staff will occur at mandatory staff meetings scheduled for February 21, and 23rd of 2023, on resident no. 16 and all residents care planned toileting assistance to prevent accidents. 4. NCC will monitor resident no. 16 and a random sample of residents for adequate supervision during toileting to prevent accidents per their care planned level of assistance monthly starting in March x3, then quarterly by QA coordinator or office nurse. The QA data will be reviewed by the QA committee and the board of directors monthly. DON reviews the QA data at monthly staff meetings and	

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F 689	Continued From page 6 toileting. . . . FALLS . . . Do not leave me unattended while toileting as I am a high fall risk. . . . " Review of Resident #16's medical record occurred on all days of survey. A progress note dated 07/13/2022 at 12:56 p.m., stated, ". . . Resident yelling for help, CNA [certified nursing assistant] found him on the floor in his bathroom in his room. Laying on his right side . . . He was on the toilet and fell when getting off . . ." During an observation on 01/24/23 at 10:31 a.m., a CNA (#3) assisted Resident #16 from the wheelchair to the toilet using a gait belt. The CNA showed the resident where the call light was located. The CNA stated that the resident "sits on the toilet for about 20 minutes." The CNA closed the bathroom door and walked out of the resident's room into the hallway. At 10:37 a.m., the CNA checked on the resident and at 10:44 a.m., the CNA assisted the resident off the toilet. During an interview on 01/25/23 at 2:51 p.m., an administrative nurse (#1) stated, "I would expect staff to stay within eyesight of the resident."	F 689	re-educates as needed.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		2/28/23

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F 761	Continued From page 7 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure safe and secure storage of medications in 2 of 2 medication carts (nurses medication cart and medication assistant's cart). Failure to store all medications securely may result in unauthorized access to medications. Findings include: - Observation on 01/25/23 at 11:27 a.m. showed a registered nurse (RN) (#4) removed four insulin pens from a drawer in the medication cart and placed them on top of the cart. The nurse pushed the medication cart down the hallway to the consultation room and stated, "I'll be right back." The nurse returned to the medication cart at 11:32 a.m. Several residents were lined up in the hallway directly across from the medication cart waiting for access to the dining room for lunch. The nurse (#4) failed to securely lock the insulin	F 761	NCC will store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. 1. N/A no specific resident identified. 2. All NCC residents will have their drugs and biologicals properly stored in medication carts by re-educating CMA and nursing staff on medication storage per NCC policy. 3. Re-education will be provided at mandatory nurses and CMA's staff meeting February 23, 2023 re: proper medication storage per NCC policy. 4.NCC will monitor a random sample of staff during medication pass to ensure proper medication storage monthly starting in March x3, then quarterly by QA coordinator or office nurse. The QA data	

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F 761	Continued From page 8 pens in the medication cart in her absence. - Observation on 01/26/23 at 10:36 a.m. showed a unattended medication cart located on the C wing with an inhaler and a bottle of eye drops on top of the cart. During an interview on 01/26/23 at 10:31 a.m., an administrative nurse (#1) stated she expected staff to keep all medications locked securely in the medication cart when unattended.	F 761	will be reviewed by the QA committee and the board of directors monthly. DON reviews the QA data at monthly staff meetings and re-educates as needed.	