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 _____	01/04/2024

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 01/02/24 and concluded 01/04/24.	F 000		
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 observation, review of facility policy, record review and staff interview, the facility failed to use an assistive device necessary to prevent accidents for 1 of 5 sampled resident (Resident #185) observed during gait belt transfers. Failure to use a gait belt during a transfer resulted in pain to Resident #185 and may result in falls and/or injuries. Findings include: Review of the facility policy titled "Gait Belts" occurred on 01/04/23. This policy, dated October 2021, stated, ". . . PURPOSE: To prevent injury to the resident . . . Gaitbelts [sic] are used . . . when nursing deems necessary. . . ." Review of Resident #185's medical record occurred on all days of survey. Diagnoses included repeated falls, pain and mild cognitive impairment.	F 689	Wentz Living Center (WLC) will provide adequate supervision and assistive devices to prevent accidents or injuries. 1. Resident no. 185 will have a gaitbelt used with transfers if ordered and care planned or if he is noted to be unstable during a transfer. 2. All residents will have adequate assistive devices to prevent accidents or injuries by following provider orders and careplans to use gait belts, or if resident's appear weak/unsteady and need a gaitbelt for safe transferring. 3. PT/Nursing/CNA/CMA's will be educated on 1/23/24 or by watching recorded meeting, policy of gaitbelt use, provider orders for gaitbelts, or if staff note a resident is weak or unsteady - will use a gaitbelt. Education will be provided to not pull on arms or clothing with transfers.	2/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/24/2024

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 689	Continued From page 1 A physical therapy note, dated 01/02/24 at 4:09 p.m., stated, ". . . Transfer: Supine-sit transfers . . . Sit-stand with CGA {contact guard assist] today with use of gait belt. . . ." During an observation on 01/02/24 at 5:09 p.m. a certified nurse aide (CNA) (#2) assisted Resident #185 from a lying position in the bed to a sitting position by pulling on the resident's left arm. The resident grimaced in pain and placed his right hand on his left shoulder The CNA stated, "Is that left shoulder still bothering you?" Without using a gait belt the CNA pulled on the back of the resident's pants to assist him to a standing position and provided hands on assistance on the resident's waist/bottom as the ambulated using the front wheeled walker. Observation showed the resident was unsteady and shuffled his feet and the CNA stated, "Whoa you're a little wobbly today." The CNA held under the resident's left arm while he fell backwards on to the toilet. The resident finished using the toilet and the CNA pulled under the resident's arm to lift him up from the toilet. As the resident was ambulating out of the bathroom, he stated he needed to use the bathroom again. The CNA pulled under the resident's left arm as the resident sat down on the toilet. The resident finished using the toilet and the CNA pulled under the resident's left arm to a standing position. The CNA placed her hands on the resident's waist/buttocks for assistance as he ambulated to the recliner. The CNA held onto the back of the resident's pants as she lowered him into the recliner. During an interview on 01/04/23 at 11:51 a.m., an	F 689	4. WLC will monitor resident no. 185 and a random sample of residents for adequate assistive devices with transfers to prevent accidents or injury monthly starting in Feb x 3, 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 re-educates as needed.	

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F 689	Continued From page 2 administrative nurse (#3) confirmed facility staff should not be pulling on or under Resident #185's arms or on clothing and should use a gait belt.	F 689		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to prepare, store, and serve food in a sanitary manner in 1 of 1 kitchen. Failure to monitor the quaternary (quat) sanitizer concentration may result in unsafe food storage/preparation and foodborne illness. Findings include:	F 812	WLC will consistently monitor the quat sanitizer concentration. 1 and 2. Dietary staff were educated on 1/4/24 on how to properly test chemical concentration per kitchen/table pail policy. 3. Facility policy of kitchen/table pail disinfectant will be posted by concentration log in the kitchen by sanitation supplies. Dietary Manager will	2/8/24

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F 812	Continued From page 3 Review of the facility policy titled "Kitchen/Table Pail" occurred on 01/04/24. This policy, dated 01/03/24, stated, "The kitchen pail is to be used for wiping down hard surfaces in the designated kitchen area. This pail will use our Sani-T-10 [quat] solution from dispenser on wall . . . is changed out to be tested with QUAC [quat] test strips three times a day per schedule and recorded and whenever changed out. . . The PPMs for the pail should read 150-400. If sanitizer levels are not within correct range, notify dietary manager." Observation on 01/03/24 at 8:50 a.m. showed a dietary staff member (#5) filled a pail with Sani-T-10 plus solution and water. The staff member failed to test the mixture with a QUAC test strip and stated he did not routinely do so. A second dietary staff member (#6) tested the mixture with a QUAC test strip and the strip failed to register a concentration. The dietary staff member (#6) discarded the mixture and prepared a new kitchen pail. Test of the second mixture with the QUAC strip showed a concentration of 200 ppm. During an interview with staff members (#5 and #6) after the above observation, they confirmed kitchen staff do not routinely test or log the sanitizer concentration of the mixture and failed to provide a log of sanitizer testing. During an interview on 01/03/24 at 9:15 a.m., the dietary manager (#7) confirmed she expected staff to test the kitchen pails per policy and log the results.	F 812	update the kitchen training orientation checklist for new staff to be properly trained on the quat concentration and log sheet. 4. Dietary manager will monitor the quat concentration log sheet monthly starting in February x 3 months, then quarterly. The QA data will be reviewed by the QA committee and board of directors monthly. Dietary manager will provide re-education as needed to dietary staff with any concerns.	
F 880	Infection Prevention & Control	F 880		2/8/24

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F 880 SS=D	Continued From page 4 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of	F 880		

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F 880	Continued From page 5 infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and staff interview, the facility failed to ensure staff followed standard infection control practices for 2 of 3 sampled residents (Resident #13 and #15) observed during personal cares. Failure to follow infection control practices related to hand hygiene and glove use has the potential to	F 880	WLC staff will perform glove changes and hand hygiene following infection control policy and procedures for personal cares. 1. Resident no. 13 and 15 will have personal cares provided by staff who follow correct infection control policies re:	

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F 880	Continued From page 6 spread infection within the facility. Findings include: Review of the facility policy titled:"Hand Hygiene: Use of alcohol-based hand rub" occurred on 01/04/24. This policy, revised October 2021, stated, ". . . hand hygiene . . . before and after resident contact . . . assisting a resident with personal cares . . . after contact with resident's skin . . . bodily fluids or excretions . . ." Review of the facility policy titled; "Perineal Care" occurred on 01/04/24. This policy, revised October 2021, stated, "PURPOSE: To prevent infections . . . wash urethral area first and rectal last . . . remove your gloves . . . perform hand hygiene . . . may apply a barrier cream . . . apply gloves . . . apple barrier cream to gloves . . . remove gloves . . . perform hand hygiene . . ." - Observation on 01/02/24 at 11:48 a.m. showed a certified nursing assistant (CNA) (#1) entered Resident #13's room and performed incontinent bowel movement cares, removed the contaminated gloves, and donned new gloves. The CNA (#1) failed to perform hand hygiene after removing the contaminated gloves and prior to donning new gloves and applying a protective barrier cream to the resident's bottom. The CNA (#1) removed the gloves, assisted the resident with the blankets and call light and left the room without performing hand hygiene. - Observation on 01/03/24 at 10:51 a.m. showed a CNA (#1) donned gloves and provided perineal care for Resident #15. The CNA cleansed the rectal area of stool using a wet wipe and without	F 880	glove changes and hand hygiene. 2. All residents will have personal cares provided by staff who follow correct infection control policies for glove changes and hand hygiene. 3. Nursing, CMA and CNA's will be educated at 1/23/24 staff meeting or will watch the recording that will provide re-education on policies and procedures of glove changes and hand hygiene with personal cares. 4. WLC will monitor resident's 13 and 15 and a random sample of residents for proper glove changes and hand hygiene with personal cares monthly starting in Feb x 3, then quarterly by the QA coordinator or office nurse. The QA data will be reviewed by the QA committee and board of directors monthly. DON reviews the QA data at monthly staff meetings and re-educates as needed.	

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F 880	Continued From page 7 removing the soiled gloves, applied a protective barrier ointment to the resident's bottom. During an interview on 01/04/24 at 11:50 a.m., a supervisory nurse (#3) confirmed she expected staff to perform hand hygiene upon entering and exiting a resident's room and in between glove changes.	F 880		