STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. BUILDING _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST MANOR	100 ELM AVE, #396 NEW SALEM, ND 58563

(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 01/06/25 and concluded on 01/08/25.	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: Based on record review, review of facility policy,	F 609	1. Incident for resident #7 was reviewed	1/22/25

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

Electronically Signed | 01/22/2025

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F 609	Continued From page 1 review of facility investigation report, and staff interview, the facility failed to report an incident of potential abuse/neglect to the State Survey Agency (SSA) for 1 of 1 sampled resident (Resident #7) who experienced a fall from the mechanical lift. Failure to report an event of potential abuse/neglect to the SSA places all residents at risk of potential abuse/neglect. Findings include: Review of the facility policy "Abuse Policy" occurred on 01/07/25. This policy, dated 06/10/20, stated, "The resident has the right to be free from . . . negligence . . . Investigations must be documented and all findings including the initial report of allegation reported in writing to the administrator as soon as possible but no later than 24 hours following the incident. The Administrator or Designee will notify the State Department of Health of the reported incident. . . ." Review of Resident #7's medical record occurred on all days of survey. A fall report, dated 09/20/24, indicated Resident #7 fell from the mechanical lift. Review of the "Final Abuse Investigation Report" stated, ". . . On Friday September 20th at 0520 [5:20 a.m.] resident stretched her arms over her head and whole body stiffened during a hoyer [full-body mechanical lift] transfer. This movement caused the resident's body to slide out of the sling on the side. . . . Assessment revealed a small open area to L [left] upper thigh and redness above the right eye. . . ."	F 609	by the Director of Nursing (DON) on 9/20/2024 and again on 1/7/2025 to verify incident as report, extent of injury and the investigation was completed. The physician and resident's guardian were notified promptly at the time of the incident. The investigation was again reviewed by the DON and the administrator. 2. The facility has determined that potentially all residents may be affected. 3. Review of required reporting including appropriate time frames was initiated for all nurses and completed. See signature form F609A. 4. The DON or designee will conduct an audit of all residents with reported staff involved incidents weekly for 4 weeks. These residents will be assessed and interviewed to ensure any injury identified is properly investigated and reported to the appropriate agencies. A random audit of 5 residents identified to have an incident will be completed monthly x 2. Findings of this audit will be discussed at the monthly quality assurance meetings.	

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F 609	Continued From page 2 The record lacked evidence the facility reported the above incident to the SSA as possible abuse/neglect. During an interview on 01/08/25 at 10:05 a.m., an administrative nurse (#1) confirmed the facility failed to report the above incident to the SSA.	F 609		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.	F 801		1/23/25

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F 801	Continued From page 3 (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes	F 801		

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F 801	Continued From page 4 topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure 1 of 1 dietary manager (#3) obtained the proper qualifications to serve as the director of food and nutrition services. Failure to ensure staff have the qualifications to carry out the functions of food and nutrition services may result in foodborne illness to residents, staff, and visitors. Findings include: During an interview on 01/06/25 at 11: 55 a.m., the dietary supervisor (#3) stated she is enrolled in the Certified Dietary Manager (CDM) course, but has not competed the training. During an interview on 01/07/25 at 10:40 a.m., an administrative staff member (#2) confirmed the dietary supervisor (#3) lacked the required training for the position. The facility failed to ensure the dietary manager (#3) completed the education for a certified dietary manager, certified food service manager, or national certification for food service management and safety from a national certifying	F 801	1. Review of 483.60 (a)(1) was completed (achieved) by facility Administrator. 2. The facility has determined no residents were directly affected at this time. 3. Facility has maintained a CDM that will maintain a dual role in HR. The CDM will be active in completing the tasks required as the certified dietary manager as well as assist in supervising our dietary manager student through the time it takes for her to obtain her CDM credentials. The dietary manager student is currently enrolled in a program and continues to work towards completion. 4. The Administrator will monitor the progress of the dietary manager's schooling and certification process monthly to assure she is moving toward stated goal of certification. 5. The Administrator will also monitor monthly the status of employee working dual role as certified dietary manager/HR to assure she is able to manage the	

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F 801	Continued From page 5 body.	F 801	certified dietary manager tasks per regulations.	