STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355070	A. BUILDING _____ B. WING _____	C 02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL LUTHERAN NURSING & REHABILITATION CENTER	**1515 2ND AVE WEST WILLISTON, ND 58801**

(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 unannounced on-site complaint survey was completed on February 27, 2020.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(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 information received from the complainant, record review, review of facility	F 609	1. Results of the investigation that was completed on February 22, 2020 was	4/2/20

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

Electronically Signed | 03/23/2020

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F 609	Continued From page 1 policy, and staff interview, the facility failed to report to the State Survey Agency a potential incident of abuse for 1 of 1 allegation of abuse reviewed (Allegation #1). Failure to report the allegation of abuse to the State Agency places all residents at risk of potential abuse. Findings include: Review of information received from the complainant occurred 02/27/20. Review of the facility policy titled "BETHEL LUTHERAN NURSING & REHABILITATION CENTER" occurred on 02/27/20. This policy, dated September 2019, stated, ". . . When an alleged or suspected case of resident abuse, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property is reported, the facility administrator, or his/her designee, will notify the following persons or agencies of such incident: a. State Licensing and Certification Agency (immediately); . . ." Review of facility investigation documents occurred on 02/27/20. In the allegation (#1) investigation, an administrative staff member (#1) stated, "On Saturday, February 22nd, at approximately 4:15, this writer received a phone call from [name of an administrative staff member (#2)], stating [name of personnel from an outside agency], had called and reported that [name of a certified nursing assistant (CNA) (#3)] had informed him that [name of a CNA (#4)] was assisting with a bath and had physically assaulted a resident by grabbing her by the throat, spraying water in her face, hitting her in the face, and smacking her on the back of the	F 609	reported to the North Dakota Department of Health on March 5, 2020. 2. All residents in the skilled nursing facility have the potential to be affected. 3. Federal regulation 609 was reviewed by Administrator, Director of Nursing Services, and staff. Education was provided addressing circumstances that require reporting including appropriate time frames. 4. The Director of Nursing Services (or designee) will conduct a random audit of five residents weekly for four weeks, then every other week for two months, then monthly for 8 months. These residents will be assessed and interviewed to ensure that any injuries are identified, properly investigated and reported to the appropriate people. The Director of Nursing (or designee) will report results on monitoring to the QA committee monthly for three months, then quarterly. 5. April 2, 2020.	

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F 609	Continued From page 2 head. I advised [name of the administrative staff member (#2)] to contact [name an administrative nurse (#5)] of the situation. I then spoke with [name of the administrative nurse (#5)], and an investigation was launched. . . ." The facility failed to inform the State Survey Agency of the abuse allegation. During an interview on the afternoon of 02/27/20, an administrative staff member (#1) confirmed the facility did not report the abuse allegation to the State Survey Agency.	F 609		