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 02/05/2025

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 standard Medicare/Medicaid recertification and complaint survey started on 02/03/25 and concluded 02/05/25. The issues identified by the complainant were found to be in compliance with regulatory requirements.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she	F 578		2/24/25

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

Electronically Signed | 02/18/2025

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F 578	Continued From page 1 has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and staff interview, the facility failed to ensure the resident's right to request, refuse, and/or discontinue treatment for 2 of 18 sampled residents (Resident #78 and Resident #285) reviewed for advanced directives. Failure to ensure all methods of communication and/or documentation of code status accurately reflected the resident/resident representative wishes has the potential to limit access to life-sustaining services or unwanted treatment. Findings include: Review of the facility policy titled "Advanced Directives" occurred 02/05/25. This policy, revised October 2017, stated, ". . . In view of its [sic] mission to respect the life and dignity of each person, Bethel Lutheran Nursing & [and] Rehabilitation Center recognizes that every competent adult has the right and responsibility to control the decisions relating to their own health care. Bethel Lutheran Nursing & Rehabilitation Center is transitioning forward using the North Dakota POLST (Physician Order for Life sustaining Treatment). . . ."	F 578	1. Nursing staff were educated on the importance of making sure a physicians order is in place for a code level status and also make sure the code status is displayed in the banner bar on the EHR so direct care staff would see it prior to providing unwanted treatment. This education was for residents #78, and #285(passed away on 2/11/2025) and all other residents to make sure code status is in place and a physician order exists. Resident #78 code status and physicians order was updated on 2/5/2025. Resident #285 passed away on 2/11/2025, residents code status was update on 2/4/2025. 2. All residents have the potential to be affected if there is no physician order for code status and if the code status is not displayed correctly in the HER. 3. Mandatory All Staff education will be held on February 21st @1:30pm to provided education on the importance of making sure a physicians order is	

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F 578	Continued From page 2 Review of the facility policy titled "CPR Directive . . ." occurred 02/05/25. This policy, revised January 2018, stated, ". . . will inform residents and/or significant others about the choices available regarding cardiopulmonary resuscitation. . . . The code level will be scanned and entered on the physician order sheet. . . ." During an interview on 02/04/25 at 8:49 a.m., a nurse (#2) stated she would look on the resident profile in the electronic health record (EHR) for a resident's code status. - Review of Resident #78's medical record occurred on all days of survey. A POLST form, dated 04/21/24, indicated "Full Code". The EHR lacked a physician's order for a code level status and failed to display the resident's code status in an area direct care staff would access prior to providing life sustaining treatment. - Review of Resident #285's medical record occurred on all days of survey. A POLST form, dated 01/27/25, stated "DNR [do not resuscitate]/Limited interventions". The EHR lacked a physician's order for a code level status and failed to display the resident's code status in an area direct care staff would access prior to providing unwanted treatment. During an interview on 02/05/25 at 4:05 p.m., an administrative nurse (#1) confirmed the EHR lacked a physician's order which triggers the code status to display in the resident's profile, agreed she expected the resident's code status to be displayed in the resident profile of the EHR, and confirmed Resident #78 and #285's EHR	F 578	received for code status and the code status is displayed in the HER. Reviewed policy/procedure titled, " CPR Directive", and "Advanced Directives". 4. DON or designee will monitor code status ensuring a physicians order is present, and it is displayed in EHR banner correctly. Monitoring will be weekly x4, monthly x3, then quarterly thereafter. If concerns are identified, immediate corrective action will be implemented. DON or designee will report monitoring results to the quarterly QA committee meeting. 5. 2/24/2025	

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F 578	Continued From page 3 profiles lacked a code status.	F 578		
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and resident and staff interview, the facility failed to review and revise care plans to reflect the residents' current status for 3 of 18 sampled residents (Residents #50, #55, and #63) and 1	F 657	1. Nursing staff were educated on the importance of reviewing and revising all care plans to reflect the current status of the residents. This education was for residents #50, #55, #81, and #63 and any	2/24/25

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F 657	Continued From page 4 supplemental resident (Resident #81). Failure to update care plans limited the staffs' ability to communicate needs and ensure continuity of care. Findings include: Review of the facility policy titled "Comprehensive Care Plans" occurred on 02/05/25. This undated policy stated, ". . . 5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive, quarterly MDS [Minimum Data Set] assessment, and PRN [as needed] when changes in the resident condition dictates. . ." - During an interview on 02/03/25 at 3:59 p.m., Resident #50 stated she had pain to both knees. Review of Resident #50's medical record occurred on all days of survey and identified a diagnosis of right and left knee pain with a physician's order, dated 06/11/23, for Biofreeze (topically pain reliever) gel two times a day for bilateral knee pain. The current care plan failed to address Resident #50's bilateral knee pain. - Review of Resident #55's medical record occurred on all days of survey with a physician's orders, dated 12/05/24 and 01/03/25, stated, ". . . Regular. . . diet Pureed texture, Honey consistency, Small bites with spoon for Mod [moderate]-severe pharyngeal-esophageal dysphagia [swallowing difficulty] . . . Vanilla Boost+/Ensure [a high calorie nutritional drink] . . . Magic Cup [a high calorie protein ice cream] one time a day Alternate w [with]/pudding. . ." The care plan failed to address the changes	F 657	other resident who needs care plans updated. Resident #50 care plan was updated on 2/7/2025 to include a problem, goal and intervention related to bilateral knee pain. Resident #55 care plan was updated on 2/7/2025 to include a problem, goal, and intervention related to diet. Resident #63 care plan was updated on 2/7/2025 to include a problem, goal, and intervention related to insulin. Resident #81 care plan was updated on 2/7/2025 to include a problem, goal, and intervention related to Insomnia. Re 2. All residents have the potential to be affected if their care plan is not updated to reflect their current status. 3. Mandatory All Staff education will be held on February 21st @ 1:30p 2025 to provide education on the importance of updating care plans. Reviewed policy/procedure titled "Comprehensive Care Plans." 4.DON or designee will monitor care plans after each comprehensive assessment and quarterly MDS to ensure they are updated to reflect the current status of the resident. Monitoring will be weekly x4, monthly x3 then quarterly thereafter. If concerns are identified, immediate corrective action will be implemented. DON or designee will report monitoring results to the quarterly QA committee meeting.	

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F 657	Continued From page 5 made to Resident #55's diet. - Review of Resident #63's medical record occurred on all days of survey and identified a diagnosis of diabetes. The current physician's orders included an order for insulin at bedtime. The care plan failed to address the resident's use of insulin and the signs and symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). - Review of Resident #81's medical record occurred on all days of survey and identified a diagnosis of insomnia. Physician's orders included Ambien (hypnotic) at bedtime for insomnia, initiated 11/21/24. The current care plan failed to address the resident's insomnia and use of a hypnotic medication. During an interview on 02/05/25 at 3:21 p.m., an administrative nurse (#1) stated the care plans are reviewed and updated prior to the resident's care conference, with the minimum data set (MDS), and with any daily care changes.	F 657	5. 2/24/2025	