STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355066	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISHEK LIVING CENTER	**400 S 4TH ST PO BOX 187, WISHEK, North Dakota, 58495**

(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
F0000	INITIAL COMMENTS The Standard Medicare/Medicaid recertification survey started on 05/12/25 and concluded on 05/14/25.	F0000		
F0883 SS = E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-	F0883	1. Corrective Action: Regarding the residents affected by this deficient practice, they will be offered the pneumococcal vaccine and if they choose to receive this vaccine they will be scheduled at the local clinic to have this completed. 2. Identification of Others: QA nurse will review all resident charts to ensure that pneumococcal vaccine is offered to those residents that are eligible and administered upon request. 3. System Changes: QA nurse will do a yearly review of all resident charts to determine if a resident should be offered the pneumococcal vaccine and if so, it will be offered to them and provided upon request. 4. Monitoring: Director of Nursing, QA nurse, or designee will complete a vaccine chart review of all residents X 1. Any new admissions will have their vaccines reviewed by the IP and shall be offered the vaccines needing updates. If a resident is found to be eligible for a pneumococcal updated vaccine the resident or resident contact will be approached, educated using the current Vaccine Statement and offered the vaccine. Those wanting the vaccine will be sent to the local clinic for the update. Education will be provided to the IP, IP in training, and Resident Coordinators. Results will be reviewed quarterly by the QA committee. QA monitoring will begin 6/13/25 5. Corrective action will be complete and in place on 6/13/25	06/13/2025

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 reverse for further 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.

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

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F0883 SS = E	Continued from page 1 (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on record review, review of facility policy, review of the Centers for Disease Control and Prevention (CDC) guidelines and recommendations, and staff interview, the facility failed to offer residents the pneumococcal immunization to 4 of 5 residents (Resident #7, #9, #14, and #31) reviewed for immunization status. Failure to offer the pneumococcal vaccine to all residents, provide education to residents and their legal representatives, and document the administration or refusal has the potential for non-immunized residents to contract pneumonia and spread the infection to other residents, visitors, and staff. Findings included: Review of the facility policy titled "Influenza and Pneumococcal Standing Orders Policy/Procedure" occurred on 05/14/25. This policy, dated September 2024, stated, ". . . All residents, regardless of age and medical condition, should receive the pneumococcal vaccine at least once unless there is a documented contraindication . . . All residents admitted to this facility shall be assessed to determine their current pneumococcal . . .	F0883		06/13/2025

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F0883 SS = E	Continued from page 2 vaccination status. Documentation of the resident's immunization status will be maintained in the electronic medical records . . . Pneumococcal vaccination status is completed after the admission process regardless of the date in the year . . . Vaccination is offered to residents who cannot provide documentation of previous pneumovax vaccination. Those who are unsure or do not know their status will be immunized, unless the resident declines or has a medical contraindication or allergy . . . The immunization records of all residents will be reviewed in September of each year. . . ." Review of the CDC: Vaccines and Preventable Diseases webpage (https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html), last reviewed October 26, 2024, stated, ". . . CDC recommends pneumococcal vaccination . . . Age 50 years or older who have . . . Not previously received a dose of PCV13, PCV15, PCV20, or PCV21 or whose previous vaccination history is unknown: 1 dose PCV15 or 1 dose PCV20 or 1 dose PCV21 . . . Previously received only PPSV23: 1 dose PCV15 or 1 dose PCV20 or 1 dose PCV21 at least 1 year after the last PPSV23 dose . . . Previously received both PCV13 and PPSV23 but no PPSV23 was received at age 65 years or older: 1 dose PCV20 or 1 dose PCV21 at least 5 years after the last pneumococcal vaccine dose. . . ." - Review of Resident #7's medical record occurred on 05/14/25. The record lacked evidence the facility assessed Resident #7's pneumococcal immunization status and offered PCV20 or PCV 21 at least 5 years after the resident's last pneumococcal vaccine dose. - Review of Resident #9's medical record occurred on 05/14/25. The record lacked evidence the facility assessed Resident #9's pneumococcal immunization status and offered PCV15, PCV20, or PCV21 at least 1 year after the last PPSV23 dose. - Review of Resident #14's medical record occurred on 05/14/25. The record lacked evidence the facility assessed Resident #14's pneumococcal immunization status and offered PCV15, PCV20, or PCV21 when vaccination status is unknown. - Review of Resident #31's medical record occurred on 05/14/25. The record lacked evidence the facility assessed Resident #31's pneumococcal	F0883		06/13/2025

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F0883 SS = E	Continued from page 3 immunization status and offered PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose The facility failed to follow the CDC recommendations for pneumococcal vaccine administration and the facility's policy. During an interview on 05/14/25 at 11:20 a.m., an administrative nurse (#1) confirmed the medical records lacked provider assessments for pneumococcal immunizations, confirmed the resident's pneumococcal vaccinations were not up to date, and stated he/she was unaware of the current CDC recommendations regarding pneumococcal vaccinations.	F0883		06/13/2025
F0880 SS = D	Infection Prevention & Control 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 §483.71 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	F0880	1. Corrective Action: Regarding the resident affected by this deficient practice, she is currently placed in Enhanced Barrier Precautions and will remain until her wounds are healed. 2. Identification of Others: Infection Preventionist will review all residents with wounds to determine if they are chronic or meet the criteria of the EBP policy. 3. System Changes: We currently review all residents on a monthly basis during our weekly WHIP meetings. We will now include a segment called wounds to open a discussion on EBP. This interdisciplinary team discussion will decide if we feel a wound meets the criteria for the EBP policy. 4. Monitoring: Director of Nursing, QA nurse, or designee will complete a chart review of all residents with wounds weekly x4, monthly x2, and quarterly x3. If a resident is found to meet the criteria for EBP and has not been placed in EBP, education will be provided to the WHIP team regarding this policy. Results will be reviewed quarterly by the QA committee. QA monitoring will begin June 3, 2025. 5. Corrective action will be complete and in place on 6/3/25.	06/03/2025

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F0880 SS = D	Continued from page 4 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 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, record review, review of facility policy, and staff interviews, the facility failed to follow standards of infection control and prevention for 1 of 3 sampled residents (Resident #22) observed with a wound. Failure to use enhanced barrier precautions (EBP) for residents with wounds has the potential to spread infection throughout the facility.	F0880		06/03/2025

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F0880 SS = D	Continued from page 5 Findings include: Review of the facility policy titled "Enhanced Barrier Precautions" occurred on 05/14/25. This policy, dated 04/01/24, stated, ". . . An order for enhanced barrier precautions will be obtained for residents with . . . Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) . . . even if the resident is not known to be infected . . ." Review of Resident #22's medical record occurred on all days of survey and identified an unstageable pressure injury (PI) on 03/04/25. The wound culture results, dated 05/02/25, showed a wound infection. Resident #22's current care plan stated, ". . . The resident has Unstageable pressure injury to right heel. 4/15/25 Open wound to tip of right great toe. 4/30/25 Several new impairments observed on right leg anterior [front] right gt [great] toe and lateral [outer] ankle area etiology [origin] unknown-no pressure in any of these areas. Concerns of diabetes and circulation being a factor. . . ." Random observations on all days of survey showed no EBP signage on the door or in the room and no personal protective equipment outside of Resident #22's room. During an interview on 05/13/25 at 2:18 p.m., a certified nurse aide (CNA) (#2) stated Resident #22 is not in EBP. During an interview on 05/13/25 at 3:21 p.m., an administrative nurse (#1) stated staff should have placed Resident #22 in EBP. The facility failed to place Resident #22 in EBP for PI/wounds.	F0880		06/03/2025