STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355102	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WENTZ LIVING CENTER	**555 LAKE AVE E PO BOX 90, NAPOLEON, North Dakota, 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
F0000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started 03/23/26 and concluded 03/25/26.	F0000		04/29/2026
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 in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F0880	Wentz Living Center (WLC) staff will perform glove changes and hand hygiene following infection control policy and procedure for personal cares and medication administration. Resident no. 2 and 5 will have personal cares provided by staff who follow correct infection control policies re: glove changes and hand hygiene. Resident no. 16 will have med administration prepared by staff who follow correct infection control policies re: hand hygiene and glove use. All residents will have personal cars and med administration provided by staff who follow correct infection control policy and procedures for glove changes and hand hygiene. Nursing, CMA, and CNA staff will be educated on 4/20/26 and 4/21/26 staff meetings or will watch the recording that will provide re-education on policy and procedures of glove changes and hand hygiene with personal cares and med administration. WLC will monitor resident no. 2 and 5 and a random sample of residents for proper hand hygiene and glove changes with personal cares monthly starting in April x 3months, then quarterly by QA coordinator or office nurse. WLC will monitor resident no. 16 and a random sample of residents for proper med administration following infection control policies and procedures for hand hygiene and glove changes monthly starting in April x 3 months, then quarterly by the QA coordinator or office nurse. The QA data will be reviewed by the QA committee and board of directors monthly x 3 months then quarterly. DON reviews the QA data at the monthly staff meetings and re-educates as needed.	04/29/2026

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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F0880 SS = D	Continued from page 1 (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 interview, the facility failed to follow standards of infection control and prevention for 2 of 4 sampled residents (Resident #2 and #5) observed during toileting cares and one supplemental resident (Resident #16) observed during medication preparation. Failure to practice infection control standards related to hand hygiene and glove use has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Specific Personal Protective Equipment" occurred on 03/24/26. This	F0880		04/29/2026

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F0880 SS = D	Continued from page 2 undated policy, stated, . . . "Hand hygiene . . . All employees are to wash hands . . . after removing gloves. . . ." Review of the facility policy titled "Administratin [sic] of Oral Medication" occurred on 03/24/26. This policy, dated March 2022, stated, ". . . Perform hand hygiene prior to medication pass. Do not touch any medications when opening a pill bottle or unit dose package. May apply gloves as needed after proper hand hygiene to obtain a medication that is not contaminated. . . ." -Observation on 03/23/26 at 3:02 p.m. showed two certified nurse aides (CNAs) (#2 and #3) assisted Resident #2 with toileting. One CNA (#2) applied gloves, provided incontinence care, and with the same gloves, pulled up the resident's pants, and utilized the mechanical lift to transfer the resident from the toilet to the recliner. The CNA (#2) assisted in removing the sling from behind the resident, placed a blanket on the resident, handed the resident a glass of water, then removed her gloves and performed hand hygiene. The CNA (#2) failed to remove gloves and perform hand hygiene after completing toileting cares and before performing other tasks. -Observation on 03/24/26 at 11:14 a.m. showed two CNAs (#6 and #7) applied gowns and gloves, transferred Resident #5 to the toilet with a mechanical lift and removed the soiled brief. One CNA (#6) emptied the urine collection bag, and without performing hand hygiene and changing gloves, raised the resident from the toilet. This CNA (#6) applied a barrier cream to the resident's buttocks after the other CNA (#7) performed perineal care. Both CNA's (#6 and #7) removed the soiled gloves and without performing hand hygiene, applied new gloves, placed a new brief, and adjusted Resident #5's pants. The CNA (#6) removed the soiled gloves, and without performing hand hygiene or applying new gloves, transferred Resident #5 to the wheelchair, removed the lift sling, placed the urine collection bag beneath the resident's wheelchair, and gathered the garbage. The CNAs (#6 and #7) failed to perform hand hygiene after removing soiled gloves and before applying clean gloves. -Observation of medication administration on 03/24/26 at 8:18 a.m. showed a medication aide (MA) (#4) prepared medication for Resident #16. The MA (#4) opened a medication bottle and used her bare finger to obtain a pill. The MA (#4) failed to perform hand hygiene prior to medication	F0880		04/29/2026

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F0880 SS = D	Continued from page 3 preparation and failed to apply gloves before removing a single pill from the medication bottle. During an interview on 03/24/2026 at 4:05 p.m., an administrative nurse (#1) confirmed she expected staff to remove soiled gloves and complete hand hygiene after peri care and before performing other tasks. She also confirmed she expected staff to perform hand hygiene or apply gloves before touching medications or use a spoon if unable to shake out the prescribed amount. During an interview on 03/24/26 at 4:10 p.m., an administrative nurse (#5) confirmed she expected staff to perform hand hygiene after removing gloves and before applying clean gloves.	F0880		04/29/2026