STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Memorial Home	750 Main St E Mayville, ND 58257

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.20.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 17 sampled residents (Resident #10). Failure to accurately complete Section M (Skin Conditions) of the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan, and the care provided to the residents.Findings include:The Long-Term Care Facility RAI 3.0 User's Manual, (Version 1.20.1), revised October 2025, page M-24, stated, M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar . M0300F1 Enter the number of pressure ulcers that are unstageable related to slough and/or eschar. Enter 0 if no unstageable pressure ulcers related to slough and/or eschar are present. M0300F2 Enter the number of these unstageable pressure ulcers related to slough and or/eschar that were first noted at the time of admission/entry. Enter 0 if no unstageable pressure ulcers related to slough and/or eschar were first noted at the time of admission/entry or reentry. Review of Resident #10's medical record occurred on all days of survey. The progress notes included the following:*09/23/25 at 12:44 p.m., . Skin assessment completed on admission. No pressure ulcer/injury noted or identified in this progress note.*10/03/25 at 01:51 p.m., . Resident's R) [right] and L) [left] big toes had small purple non-blanchable areas to the tips of the toes. Bed cradle added .*12/19/25 at 12:22 p.m., . WEEKLY SKIN REVIEW: R) great toe had a measurable area on bath day but it has flaked off. Dark pink skin noted that is healed. L) heel measures smaller at 2 x 1.8 cm [centimeter] and skin surrounding is clean, intact, and no dryness noted. Site continues to be closed/unstageable.The quarterly MDS, dated , 12/23/25, showed the facility coded M0300F1 2, indicating two unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar and M0300F2, 2, unstageable pressure ulcers present upon admission. During an interview on 12/31/2025 at 9:56 a.m., an administrative nurse (#2) confirmed facility staff coded Resident #10's MDS incorrectly.

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Memorial Home	750 Main St E Mayville, ND 58257

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, review of professional reference, and staff interview, the facility failed to ensure food is served in accordance with professional standards for food service sanitation in 1 of 1 kitchen. Failure to ensure proper glove usage when serving food may result in foodborne illness to residents, visitors, and staff. Findings include: The 2022 Food and Drug Administration (FDA) Food Code, pages 61-62, stated, . 3-304.15 Gloves, Use Limitation. (A)If used, SINGLE-USE gloves shall be used for only one task such as working with READY-TO-EAT FOOD . used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. Observation of the tray line in the main kitchen on 12/30/25 at 11:15 a.m. showed an unidentified dietary staff member shuffled through several resident menus located on a counter with gloved hands and used the same gloved hands and placed sandwiches onto resident meal plates. The staff member failed to change gloves after touching non-food items and before handling ready-to-eat food. During an interview on 12/31/2025 at 9:55 a.m., the dietary manager (#1) confirmed the dietary staff member failed to change their gloves after touching the menus and before plating the sandwiches.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, review of professional reference, and staff interview, the facility failed to follow standards of infection control for 1 of 6 sampled residents (Resident #10) observed during cares. Failure to follow infection control practices regarding hand hygiene during cares has the potential for transmission of communicable diseases and infections to residents, staff, and visitors.Findings include:Review of Kozier & Erb's Fundamentals of Nursing, Concepts, Process and Practice, 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 685, stated, . Gloves . The hands are cleansed each time gloves are removed for two primary reasons: (1) The gloves may have imperfections or be damaged during wearing so that they could allow microorganism entry and (2) the hands may become contaminated during glove removal.Information found at https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html, dated, 02/27/24, titled Clinical Safety: Hand Hygiene for Healthcare Workers, stated, . Know when to clean your hands . Immediately after glove removal .Observation on 12/30/25 at 9:02 a.m. showed a certified nurse aide (CNA) (#3) complete colostomy care for Resident #10. The CNA (#3) emptied stool from the colostomy bag into a graduate, wiped the colostomy bag, emptied the graduate into the toilet, rinsed the graduate with water, wiped the colostomy bag, removed his/her gloves, and without completing hand hygiene, opened the door and retrieved a new box of gloves.Observation on 12/30/25 at 9:41 a.m. showed a CNA (#3) performed perineal care for Resident #10. The CNA (#3) washed the perineal area, removed gloves, and without completing hand hygiene, removed the foot cradle from the end of the bed.During an interview on 12/31/2025 at 12:48 p.m. an infection control nurse (#2) stated she would expect a staff member to wash hands after removing gloves prior to touching other objects.