

# THE KNIFE RIVER CARE CENTER

## INFORMER



HELLO  
*September*

September 2026

**Knife River Care Center**  
118 22nd Street NE  
Beulah, ND 58523  
Phone: 701-873-4322

### Board of Directors

President .....Darrold Bertsch  
Vice President.....Bruce Mohl  
Secretary..... Pam Fitzgerald  
Vern Laning..... Gary Emter  
Mary Jo Larson.....Leanne Stiefel

### Management of the Home

Administrator .....Blake Kragnes  
Director of Nursing.....  
.....Christina Kuntz  
Human Resources.....Lindsay Borlaug  
Business Office Manager .....  
.....Alex Dschaak  
Activity Director ~ Foundation  
Coordinator.....Krista Baytosh  
Dietary Director.....Brad Beecher  
Dietitian.....Dawn Ziegler  
Social Services Designee.....  
.....Samantha Kost  
Social Services Designee / Marketing  
Coordinator.....Brittany Hiatt  
Director of Rehab.....Jessica Schulz  
Pharmacist.....Rick Boehm  
Maintenance Supervisor...Donise Crews  
Housekeeping/ Laundry Supervisor.....  
Kristen Stiefel  
Health Information Manager / Privacy  
Officer.....Jill Bohrer  
Harvest Lane Unit Manager  
.....Ginger Holzer  
Shady Lane Unit Manager .....  
.....Chelsea McDaniel  
Whispering Winds Unit Manager  
.....Khara Borner  
Infection Control / QAPI Nurse  
.....Alyssa Wilhelm  
Safety Director.....Brad Beecher  
MDS Coordinator.....Kim Sia Tan  
MDS Nurse.....Dara Mathias  
Nurse Educators.....  
.....Autumn Schaan / Brittany Hillerud

### ~MONTHLY BIRTHDAYS~

Gary M.  
Kevin H.  
Christine A.

\*\*\*If you would like to contact  
your loved one via email please  
send to:

[krista.baytosh@krcc-nd.org](mailto:krista.baytosh@krcc-nd.org)

### \*REMINDERS\*

- SUMMER Cleaning Time!!!  
- please check your loved  
ones closets, drawers and  
refrigerators. Please remove  
clothing that no longer fits /  
is worn as closets are  
becoming full!!!
- When bringing new items  
(clothing, bedding, etc.)  
please stop at the front desk  
to have them marked.

Thank you!

### “Jokes of the Month”

Q: What is a tree's favorite  
month?

A: Sep-timber!

Q: What do you call a cold  
day in September?

A: Septemburrrrrr!

Q: Why don't mountain  
climbers like late  
September?

A: Because it's fall!

Q: Why did the computer  
feel cold in September?

A: Because it left its  
Windows open!

Q: Why did the turkey cross  
the road?

A: Because it was the  
chicken's day off?

Q: Why did the apple pie go  
to the dentist?

A: Because it needed a  
filling!

# RESIDENT RIGHTS

Effective August 1, 2019;

**Notice of Right to Place and Use an Electronic Monitoring Device in your Room at a Long-Term Care Facility (assisted living, basic care, nursing home, swing bed)**

**WHO** has the right to place and use an authorized electronic monitoring device in your room?

- A resident of a facility; or
- A resident representative of the resident (if the resident is not able to consent to electronic monitoring).
  - o Must be a power of attorney for health care (agent must be in effect as per the terms of the POA document); or
  - o Guardian of the resident

**WHEN** can you exercise this right to install and use an authorized electronic monitoring device?

- The authorized electronic monitoring law goes into effect on August 1, 2019.
- Then must complete and submit the applicable notices and authorizations.
- Also, you may choose to install an authorized electronic monitoring device in your room at any time while you reside in the long-term care facility if all the necessary documentation is completed and submitted.

**WHAT** should be considered before giving consent? You should know what you are giving consent to.

## **Video device**

All residents in the room should consider the following.

- Who, and what, may be captured on video e.g. visitors, equipment in room, personal cares provided, intimate relations, etc.
- With whom will you share the recording? What restrictions do you want placed on sharing of the video recording?
- If there will be intimate times with a significant other do you want the recording turned off during those times?

## **Audio device**

All residents in the room should consider the following.

- The device will likely record conversations with staff, family and friends, etc. for both the resident wanting the recording and for any other resident sharing the room. This may mean private information about finances, family relationships, and health information may be recorded.
- With whom will you share the recording? Do you want all conversations and possibly private information being on a recording? Do you plan to go to a family room or conference room for private conversations?

**WHAT** is the process to use an authorized electronic monitoring device in your room at the facility? **ALL** the following is required by law.

### **1. WRITTEN NOTICE GIVEN TO LONG-TERM CARE FACILITY**

- a. You, the resident, or your resident representative, must complete and give a Notice to Facility of your intent to place and use an authorized electronic monitoring device.
- b. You, or your resident representative, must give the facility an **installation plan** that follows the facility's regulations and policies.

### **2. DOCUMENTATION OF CONSENT**

- a. You, the resident, or the resident representative, completes a document showing consent.

b. Each of the resident's roommates, or his/her resident representatives, must also complete a document of consent.

i. The roommate may put limits on the authorized electronic monitoring device and all of the limits must be followed for the authorized electronic monitoring device to be used.

c. The documentation of consent includes:

i. Written consent for the placement and use of the authorized electronic monitoring device and

ii. written authorization for disclosure of protected health information and

iii. written release of liability of the facility for violation of a resident's privacy resulting from the use of an authorized electronic monitoring device.

### **3. PAYMENT**

a. You, the resident, or your resident representative, are responsible to pay for the authorized electronic monitoring device, and all installation, operation, maintenance, and removal costs associated with the device except for electricity.

### **4. INFORMATION REQUIRED ON VIDEO RECORDINGS**

a. All recordings from a video electronic monitoring device must include the date and time of the recording.

### **5. AUTHORIZED ELECTRONIC MONITORING DEVICE**

a. The authorized electronic monitoring device shall be in a fixed, stationary position.

b. The authorized electronic monitoring device shall be directed only on the resident who initiated the installation and use of the authorized electronic monitoring device.

c. The authorized electronic monitoring device shall be placed for maximum protection of the privacy and dignity of the resident and the roommate.

A person may be subject to a Class B misdemeanor if he

- Intentionally hampers, obstructs, tampers with or destroys a recording or an authorized electronic monitoring device placed in a resident's room without the express written consent of the resident or resident representative.

A person may be guilty of a crime or civilly liable if he

- Unlawfully violates the privacy rights of another by placing an electronic monitoring device in the room of a resident or by using or disclosing a tape or other recording made by the device.

▪ You can choose at any time to revoke your consent to have an authorized electronic monitoring device in your room by written notice.

▪ The roommate must agree to the use of an authorized electronic monitoring device in the room or it can't be used. You can request to move to a different room with a roommate that will agree to the use of an authorized electronic monitoring device

▪ A facility cannot refuse to admit you or discharge you if you choose to have an authorized electronic monitoring device.

▪ A facility, or staff of the facility, may not access any recording from the authorized electronic monitoring device without written permission from you or your resident representative, or a court order.

## September Communion Services



**Catholic Communion and Rosary Service**  
September 2, 9, 16, 23, 30

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**St. Matthew's and  
Concordia Communion**  
September 8

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**Peace Lutheran Communion**  
September 2

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**Prince of Peace Communion**  
September 1

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**Trinity / Golgotha Lutheran Communion**  
September 3

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**Zion Lutheran Communion**  
September 17

*And He took bread, gave thanks and broke it, and gave it to them, saying, "This is My body which is given for you; do this in remembrance of Me." Likewise He also took the cup after supper, saying, "This cup is the new covenant in My blood, which is shed for you."*

Luke 22:19-20

**WE'VE GOT SOMETHING FOR YOU TO SEE...  
CHECK OUT KNIFE RIVER CARE CENTERS**

**FACEBOOK PAGE:**

[www.facebook.com/kniferivercarecenter](http://www.facebook.com/kniferivercarecenter)

THOSE WE'VE LOST:



\*The activity department continues to offer video calling capabilities for you and your loved one! Please contact Krista if you would like to schedule a video chat.\*  
**(701) 873-3274**

