North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8107	A. BUILDING: _____ B. WING _____	06/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE VIEW GRAND FORKS MEMORY CARE	4650 S WASHINGTON ST GRAND FORKS, ND 58201

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the announced licensure survey started on 05/31/16 and completed on 06/01/16, the sample included 5 residents for complete review and 2 closed records for review. In addition, the sample included 3 supplemental residents to verify specific concerns during the survey. Tier II citations included B102, B1040, B1150, B1320, B1800, and B1830.	B 000		
B1020	33-03-24.1-10,2 FIRE SAFETY 2. Fire drills must be held monthly with a minimum of twelve per year, alternating with all workshifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. This state licensing rule is not met as evidenced by: Based on review of facility fire drill records and review of facility policy, the facility failed to conduct monthly fire drills which included activation of the fire alarm system and relocation to an assembly point identified in the fire evacuation plan for 4 of 12 months reviewed (August 2015, November 2015, February 2016, and May 2016). Conducting "silent drills" does not allow the facility to determine the residents' actual response to the fire alarm and may result in inaccurate evacuation scores. Findings include:	B1020	6-10-16 B1020 As of 6/6/16 all overnight fire drills will be a full activation of the fire alarm system and relocation to the assembly point identified in the fire evacuation plan. The Maintenance Manager will be responsible for ensuring this is enforced, by Monitoring Monthly. HS Education for all staff in POC was completed by 6-10-16. Per TC & admin. on 7-11-16 HS	

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director — (X6) DATE: 6-17-16

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B1020	Continued From page 1 Review of the facility policy titled "Disaster/Evacuation Plan" occurred on 06/01/16. This undated policy stated, ". . . Fire Drill Procedure . . . The purpose of the fire drill is to increase individual staff skills in providing for residents safety as per the reaction time to a fire situation and residents evacuation or partial evacuation. This can only be acquired through a knowledge and practice of proper emergency procedures. . . . The fire drill will terminate after the following procedures have been accomplished: . . . Pull Fire Alarm Box lever. . . . All staff report to assigned areas to assist with the residents confinement or evacuation plan, as necessary. . . ." Review of the facility's monthly fire drill records occurred on 05/31/16. The records identified monthly drills conducted in August 2015, November 2015, February 2016, and May 2016 as "silent drills." The records failed to include information regarding activation of the fire alarm system, as well as details regarding the evacuation/relocation of residents.	B1020		
B1040	33-03-24.1-10,4 FIRE SAFETY 4. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill including the escape path used and evidence of simulation of a call to the fire department. This state licensing rule is not met as evidenced by: Based on review of facility fire drill records and	B1040	B1040 As of 6/6/16 a resident roster will be attached to all fire drills that are completed. The Maintenance Manager will be responsible to ensure this is happening, by monitoring monthly HS.	6.10.16

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B1040	Continued From page 2 facility policy review, the facility failed to maintain a complete written record of the fire drills conducted for 12 of 12 months (June, July, August, September, October, November, and December 2015; and January, February, March, April, and May 2016) reviewed. Failure to include the names of all residents participating does not allow the facility to account for residents in the facility and limits their ability to assess and monitor the effectiveness of the drills. Findings include: Review of the facility policy titled "Disaster/Evacuation Plan" occurred on 06/01/16. This undated policy stated, ". . . Fire Drill Procedure . . . Complete a residents roll-call and re-check residents rooms, as necessary, to account for all residents. . . ." Review of the facility fire drill records for the past year (June 2015-May 2016) occurred on 05/31/16. The records lacked identification of residents who participated in the drill and only included residents who did not participate (if applicable).	B1040		
B1150	33-03-24.1-11,5 EDUCATION PROGRAMS 5. The staff responsible for activities shall attend a minimum of two activity-related educational programs per year. This state licensing rule is not met as evidenced by: Based on review of staff education records, review of facility policy, and staff interview, the facility failed to ensure 1 of 1 activity aide (#2)	B1150	6-10-16 B1150 As of 6/6/16 all activity aides will attend or have two educational activity related programs within the year. The Director will be responsible for ensuring this guideline is met, by Monitoring annually. HS.	

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B1150	Continued From page 3 received two activity-related educational programs within the past year. Failure to ensure activities staff receive required education may result in inadequate activity programming. Findings include: Review of the facility policy titled "Education Programs" occurred on 06/01/16. This undated policy stated, ". . . The staff responsible for activities shall attend a minimum of two activity-related programs per year. . . ." Review of staff education records occurred on 06/01/16. The records lacked evidence an activity aide (#2) received two activity-related educational programs within the past year. During an interview on the morning of 06/01/16, an administrative staff member (#1) confirmed the activity aide did not receive education specific to activities.	B1150		
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note.	B1320	B1320 6/10/16 As of 6/6/16 documentation of disposition of resident's personal effects will be added to the resident discharge form. The Health and Wellness Director will be responsible for ensuring that this is executed, by monitoring every 6 months HR.	

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B1320	Continued From page 4	B1320		

d. A copy of an initial and current assessment and care plan.

e. Documentation of resident observations by authorized staff.

f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility.

g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs.

h. Documentation of review of prescribed diets.

i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility.

j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts.

k. Documentation of an annual medication regimen review.

l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund.

m. Documentation of a fire drill walk-through within five days of admission.

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B1320	Continued From page 5 n. All agreements or contracts entered into between the facility and the resident or legal representative. o. A discharge note. This state licensing rule is not met as evidenced by: Based on record review and review of facility policy, the facility failed to maintain a complete medical record for 2 of 2 closed record residents (Resident #6 and #7) reviewed. Findings include: Review of the facility policy titled "Resident Records" occurred on 06/01/16. This undated policy stated, ". . . Resident records will include: . . . Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. . . ." Closed record review occurred on 06/01/16 and identified the following: *Resident #6: Discharged 03/29/16 *Resident #7: Discharged 03/27/16 Both records lacked evidence of disposition of the residents' personal effects, money, and/or valuables deposited in the facility.	B1320		
B1800	33-03-24.1-18 DIETARY SERVICES 33-03-24.1-18. Dietary services. The facility must meet the dietary needs of the residents and provide	B1800		

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B1800	Continued From page 6 dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include: This state licensing rule is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure dietary services were provided in accordance with the North Dakota sanitary requirements for food establishments in 1 of 1 facility kitchen. Failure to ensure correct quaternary solution concentration, label food products with a use by date, and ensure scoops stored in food containers do not touch the contents may result in unsanitary dietary conditions and/or foodborne illness. Findings include: Review of the facility policy titled "Dining Services" occurred on 06/01/16. This undated policy stated, ". . . Maple View dining services staff will provide dining services in conformance with the North Dakota sanitary requirements for food establishments. Food safety and sanitation are a top priority and will be maintained continually. . . ." On 05/31/16 at 10:00 a.m., observations in the facility's kitchen showed the following: *Two boxes of Mighty Shakes which lacked a thaw date stored in the refrigerator. The Mighty Shakes packaging identified to use the thawed product within 14 days. *Two opened containers of Thick & Easy (a powdered thickener) with the scoops stored inside. The dietary manager (#3) identified the use of	B1800	B1800 As of 6/6/16 dietary services will date mighty shakes when opened to ensure the product is used within 14 days. The Kitchen Manager will monitor weekly to ensure proper dating. As of 6/6/16 dietary services with remove scoops from all powdered thickener when not in use. The Kitchen Manager will monitor to ensure this is followed, weekly. As of 6/6/16 dietary staff will make sure to inform the Kitchen Manager if/when the testing strips are running low in order to get them ordered in a timely manner. The Kitchen Manager will order when necessary and will also ensure that regular monitoring is happening. daily	6/10/16

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B1800	Continued From page 7 quaternary ammonia solution to sanitize food preparation surfaces. Observation identified no testing strips available to test the sanitation solution. A dietary staff member (#4) stated he had not seen the testing strips in a couple of days. The facility lacked records to verify regular monitoring of the quaternary solution. During an interview on the morning of 05/31/16, the dietary manger (#3) identified the facility does not keep a record of quaternary concentration monitoring.	B1800		
B1830	33-03-24.1-18,3 DIETARY SERVICES 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks. This state licensing rule is not met as evidenced by: Based on observation, review of facility menus, and review of facility policy, the facility failed to provide snacks between meals (breakfast and lunch) and list them on the menu on 2 of 2 days of survey (May 31-June 1, 2016). Failure to offer snacks between meals may lead to inadequate nutrition/hydration. Findings include: Review of the facility policy titled "Dining Services" occurred on 06/01/16. This undated policy stated, ". . . Three meals a day plus snacks will be available in the dining room. . . . Daily snacks will be listed on daily menu as specific items . . ."	B1830	B1830 As of 6/6/16 a snack will be offered in between breakfast and lunch, this snack option will also be posted outside of the kitchen. The Kitchen Manager is responsible for continued compliance., Weekly	6-10-16

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B1830	Continued From page 8 Observation in the dining room showed the menu/snack times listed as 2:30 p.m. and 8:00 p.m.; however, the facility failed to identify a snack between breakfast and lunch. Observations on the mornings of 05/31/16 and 06/01/16 showed no snack offered between breakfast and lunch.	B1830		