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
	8080	A. BUILDING: _____ B. WING _____	07/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE LUTHERAN HOME	501 3RD AVE W LISBON, ND 58054

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B 000	INITIAL COMMENTS The announced standard licensure survey, conducted July 11-12, 2016, included a complete review of 3 current residents, and focused review of 1 closed record. The survey identified no Tier I findings and five Tier II deficiencies.	B 000		
B 929	33-03-24.1-09,2,i GOVERNING BODY i. Personnel records to include job descriptions, verification of credentials where applicable, and records of training and education. This state licensing rule is not met as evidenced by: Based on review of personnel files, and staff interview, the facility failed to provide new employees with their job description, and retain a copy of the job description(s) in the employee's personnel file for 2 of 2 (E and F) employee personnel files reviewed. Failure to provide new/prospective employees with their job description creates the potential for a lack of understanding of specific job responsibilities, a lack of consistency in the provision of resident care/services, and the potential for avoidable harm and/or injury to all residents. Findings include: On the afternoon of 07/21/2016, review of the personnel files of staff members E and F showed the following: * The facility hired, and staff person E began employment on 05/26/2015 as a homemaker and became a CNA certified nurse aide at a later date. The personnel file of staff person E lacked evidence the facility had provided the individual with her job description as a CNA. The personnel	B 929	B 929 Signed job descriptions were reviewed with employees E and F, and a copy of the signed job descriptions are retained in their personnel files for their current positions. All residents have the potential to be affected should the facility fail to ensure that all employees understand their roles and responsibilities in their current jobs. The new employee orientation packet was changed to include the review of the job description and retention of said documents. The business office manager will review all new employee files to ensure a signed job description is included in their file. Any files not found to be compliant will be reported to the employee's supervisor and a compilation of the reviews will be presented by the business office manager at the quarterly QA meeting.	8/9/16

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B 929	Continued From page 1 file of employee E lacked a signed copy of the relevant Homemaker job description provided, including evidence the employee understood his/her job responsibilities as a facility homemaker. * The personnel file of employee F showed the employee began employment at the facility on 05/28/2016. The personnel file lacked evidence the individual had received and understood his/her job responsibilities as a CNA; and lacked evidence of the specific job description provided the employee. During an interview with a facility administrative staff member on the morning of 07/21/2016, the staff member provided no additional information in regard to the lack of job descriptions for the above referenced employees.	B 929	B1110 The facility new employee training/ orientation checklist was reviewed and revised on 8/9/16. An orientation checklist was reviewed with employees E & F to ensure understanding of job duties. All residents have the potential to be affected should the facility fail to ensure proper orientation and competency in job duties by the facility employees. The Business office manager will audit all new employee files and the files of all employees who have changed job position. To ensure that the orientation / competency checklist is completed for each employee. Results of the audits will be presented by the Business office Manager at the facility QA meeting.	8/11/16
B1110	33-03-24.1-11,1 EDUCATION PROGRAMS 1. The facility shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities. This state licensing rule is not met as evidenced by: Based on review of personnel files, and staff interview, the facility failed to provide new employees with orientation to their job and job related duties for 2 of 2 (employee E and F). Failure to provide new/prospective employees with orientation to the facility and their specific job responsibilities, including competency evaluation of the tasks assigned them, placed all residents at risk for avoidable harm and/or injury. Findings include:	B1110		

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B1110	Continued From page 2 On the morning of 07/21/2016, review of the personnel files of staff members E, and F, showed the following: * The facility hired, and staff person E began employment on 05/26/2015 as a homemaker; and is currently employed as a certified nurse aide (CNA). The personnel file of staff person E lacked evidence the facility had provided the employee with orientation, and verified competency with her position as a homemaker; and most recently her job responsibilities as a CNA. * Staff person F began employment with the facility on 05/28/2016 as a CNA. The personnel file lacked evidence the individual had received orientation to the facility and her job responsibilities and the facility determined she was competent to perform her assigned duties. During an interview with a facility administrative staff member (#1) on the morning of 07/21/2016, the staff member provided no additional information regarding orientation of the above referenced employees.	B1110		
B1120	33-03-24.1-11,2 EDUCATION PROGRAMS 2. On an annual basis, all employees shall receive inservice training in at least the following: a. Fire and accident prevention and safety. b. Mental and physical health needs of the residents, including behavior problems. c. Prevention and control of infections, including universal precautions.	B1120		

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B1120	Continued From page 3 d. Resident rights. This state licensing rule is not met as evidenced by: Based on review of staff training/education records, personnel files, and staff interview, the facility failed to ensure 5 of 6 staff (staff members A, B, C, E, and F) received and attended the four mandatory education/training programs every twelve months. Failure to provide relevant and required staff education/training at least annually (every twelve months) does not allow staff to receive pertinent current information, review facility policies/procedures/protocols, and ensure consistency in the provision of care and services to the residents. Findings include: Review of staff education records from July 2015 through July 12, 2016, and selected personnel files on 07/12/2016, showed the following staff did not attend mandatory annual training as follows: - Staff member A - did not attended fire/safety, mental and physical health needs including behavior problems, and resident rights training. - Staff member B - did not attend fire/safety, resident rights, and mental and physical health needs including behavior problems. - Staff member C - did not attend resident rights training, mental and physical health needs including behavior problems, and fire/safety training. - Staff member E - did not attend fire/safety training, infection control, resident rights, and mental and physical health needs including behavior problems,	B1120	B1120 An all staff mandatory in-service was conducted on 8/2/16 and 8/9/16. Education on Fire prevention and safety, mental and physical health of residents including problem behavior problem, infection control and prevention, resident rights, and back safety/ body mechanics was provided at the said in-services. All employees are required to complete the education by 8/26/16. Employees who have not completed the required education will not be permitted to work after 8/26/16 until complete. The Director of Nursing will retain a record of all employees and in-service attendance. Employees not fulfilling required annual training will not be permitted to work until assignments are completed. The Director of Nursing will report to the QA committee quarterly a list of individuals that are not current with training.	8/26/16

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B1120	Continued From page 4 - Staff member F - did not attend infection control training, fire/safety, mental and physical health needs including behavior and resident rights During an interview on the morning of 07/21/2016 with a management staff member (#1), the staff member did not provide information showing the above individuals received the training referenced above, and did not provide information showing the facility had an effective system for ensuring all staff received the required mandatory education at least annually (every twelve months).	B1120	B 1220 Beginning July 1, 2016 the facility is converted to an Electronic Medical Record (EMR). As part of the system the Electronic Medication Administration Record (EMAR) will link directly from the EMAR portion of the program to the progress portion where the nurse will be directed to make an entry related to the PRN medication administered. All nurses were educated on charting the correct medication in the IDP notes as well as the facility Behavior Management Program which includes follow up documentation of medication efficacy. The ETAR program also requires a follow-up for PRN medications be charted by the nurse for the efficacy of the PRN medication administered. The Director of Nursing or designee will randomly audit 3 charts per week to verify that efficacy of PRN medications are recorded appropriately and that the nurses progress notes match the Medication Administration Record for PRN medications given. Results of the audits will be reported by the Director of Nursing at the Quarterly QA committee meeting.	8/1/16
B1220	33-03-24:1-12,2 RESIDENT ASSESSMENTS/CARE PLANS 2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: a. A review of health, psychosocial, functional, nutritional, and activity status. b. Personal care and other needs. c. Health needs. d. The capability of self-preservation. e. Specific social and activity interests. This state licensing rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure licensed nurse assessment of the need, appropriateness, and	B1220		

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B1220	Continued From page 5 effectiveness of as needed (PRN) medications administered by unlicensed personnel to 2 of 2 residents (Resident #2, and #3) who received PRN medications. Failure to administer PRN medications only after assessment of the need, appropriateness of the medication and the effectiveness of the medication placed Resident #2 and #3 at risk for receiving unnecessary medication, receiving ineffective medication, and receiving medication in lieu of other more appropriate treatment/intervention. Findings include: Refer to B1540 for specific findings regarding the lack of licensed nurse assessment for the need and effectiveness of PRN medications	B1220	B1540 Competency of subcutaneous insulin administration by the CMA II for both residents #1 and #3 was demonstrated and achieved on 8/11/13. All residents have the potential to be affected should the facility fail to ensure proper training and competency of delineated privileges to a CMA II by the licensed nurse. The facility developed a CMA II policy defining what could be delegated from the licensed nurse to the CMA II. All prescribed PRN medications for all basic care residents including the PRN hydrocodone order for resident #2 were reviewed, guidelines were developed for medications that were determined by the nurse to be safely administered by the CMA II without an onsite evaluation were taught to the CMA II and competency was demonstrated by her on said medications. The DON or designee will audit three charts per week for the next two months, than 3 charts per month for the next six months, to ensure that no new PRN medications have been added to the resident's drug regimen and that only PRN medications with proper delineation have been administered by the CMA II. Results of the audits will be reported by the DON at the facility quarterly QA meeting.	8/11/16
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This state licensing rule is not met as evidenced by: (1) Based record review, and staff interview, the facility failed to ensure unlicensed nursing personnel administered medications consistent	B1540		

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B1540	Continued From page 6 with Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, Registry, 33-43-01-16 Specific Delegation of Medication Administration, 33-43-01-17 Routes or Types of Medication Administration, 33-43-01 Nurse Aide Training, Competency Evaluation and Registry, 33-43-01-18 Pro Re Nata Medications, and 33-43-01-19 Medication Interventions That May Not Be Delegated for 2 of 2 residents (Resident #1, and #3) who had insulin administered subcutaneously, and 2 of 2 residents (Resident #2 and #3) who had PRN (as needed) medications administered by medication assistants (MAs). Failure of the facility to ensure Resident #1 and #3 had insulin administered subcutaneously by a licensed nurse or competent medication assistant functioning within their specific scope of practice, placed Resident #1 and #3 at risk for avoidable hypoglycemic or hyperglycemic reactions and/or diabetes related complications and harm. Failure of the facility to ensure the need and effectiveness of PRN medications; include assessment by a licensed nurse; and ensure medication assistants only administer medications within their specific scope of practice, placed residents at risk for administration of unnecessary medications, ineffective medications resulting in the lack of resolution of the resident's problem/complaint, avoidable delay in appropriate treatment, and/or avoidable complications. (2) Based record review, and staff interview, the facility failed to properly administer medications PRN medications for 2 of 2 residents (Resident #2, and #3) receiving PRN (as needed) medication administered by licensed nurses. Failure of the facility to ensure the assessment of the effectiveness of PRN medications by a licensed nurse, placed residents at risk for	B1540		

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B1540	Continued From page 7 ineffective problem/complaint resolution, delay in healing, lack of timely change in prescribed treatment, and/or avoidable complications. Findings included: Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, and Registry, Sections 33-43-01-16 Specific Delegation of Medication Administration, and 33-43-01-17 Routes or Types of Medication Administration: * 33-43-01-16 - "An individual on the department's nurse aide registry may accept delegation of the delivery of specific medication for a specific client by a licensed nurse if the following steps are followed: 1. The individual on the department's nurse aide registry must receive the organization procedural guidelines for the certified nurse aide . . . or medication assistant I or II to follow in the administration by specific delegation. 2. The individual nurse aide is taught by a licensed nurse for each specific client's medication administration which includes verbal and written instruction for the specific client's individual medications, including: a. The medication trade name and generic name; b. The purpose of the medication; c. Signs and symptoms of common side effects, warnings, and precautions; d. Route and frequency of administration; and e. Instructions under which circumstances to contact the licensed nurse or licensed health care practitioner. 3. The individual nurse aide is observed by a licensed nurse administering the medication to the specific client until competency is demonstrated. . . ." * 33-43-01-17 - ". . . 3. Medication assistants I and II may administer medications by the following routes only when specifically delegated by a licensed nurse for a specific client: . . . c. Subcutaneous; . . ."	B1540		

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B1540	Continued From page 8 - Review of Resident #1's medical record and medication administration record (MAR) occurred on 07/20/2016. The record showed the facility admitted Resident #1 on 07/07/2016, and physician orders included, "Insulin Detemir 8 units subcutaneously at bedtime." The MAR showed a MA (#2) administered Resident #1's prescribed insulin on 07/16/2016 and 07/17/2016. The record lacked evidence the MA (#2) had received the required training and competency evaluation consistent with the above referenced "specific delegation" requirements for Resident #1's subcutaneous insulin administration. - Review of Resident #3's medical record and MARS occurred on the afternoon of 07/20/2016, and included physician orders for administration of "Humulin-N 16 units subcutaneously every 12 hours." Resident #3's (MARs) showed a MA (#2) administered the scheduled dose of insulin during the months of January through July 2016. The record lacked evidence the MA (#2) had received the required training and competency evaluation consistent with the above referenced "specific delegation" requirements for Resident #3's subcutaneous insulin administration. During an interview with an administrative/management staff member (#1) on the afternoon of 07/21/2016, the staff member indicated the facility had not provided specific delegation training and competency evaluation for each medication assistant involved in administration of subcutaneous insulin, consistent with the requirements referenced above. Nor, did the facility have a specific policy/procedure for specific delegation of subcutaneous insulin which included the training/education provided, criteria for determining competency, record	B1540		

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B1540	Continued From page 9 keeping/documentation and monitoring of continued competency. Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, and Registry, 33-43-01-18 Pro Re Nata Medications, and Section 33-43-01-19 Medication Interventions That May Not Be Delegated, require: * 33-43-01-18 - "1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration. 2. Some situation allow the administration of pro re nata medications without directly involving the licensed nurse prior to administration. a. The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse. b. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. The written parameters: (1) Supplement the physician's pro re nata order; and (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication." * 33-43-01-19 - "The medication assistant I or II, . . .may not perform the following acts even if delegated by a licensed nurse: 1. Conversion or calculation to medication dosage; 2. Assessment of client need for or response to medications; and 3. Nursing judgment regarding the administration of pro re nata medications." - Review of Resident #2's medical record and medication administration records (MARs) occurred on the afternoon of 07/20/2016, and showed the following: *Resident #2 received "PRN Hydrocodone/APAP 5/325 mg [milligrams] 2 tablets for hip and back	B1540		

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B1540	Continued From page 10 pain," five times in April 2016. On two occasions a medication assistant administered the medication. Resident #2 received Hydrocodone five times in March, 2016. On two occasions, a medication assistant administered the medication. The record lacked an assessment of the result/effectiveness on two occasions when a medication assistant administered the PRN Hydrocodone, and on one occasion when a licensed nurse administered the PRN Hydrocodone. Resident #2 received the PRN Hydrocodone on eight occasions in February 2016. On three occasions, a medication assistant administered the medication; and the record lacked assessment of the result/effectiveness. *Resident #2 received Mucinex one tablet PRN every 12 hours fourteen times in March 2016. On four occasions, a medication assistant administered the Mucinex. The record lacked an assessment of the result/effectiveness on two occasions when a medication assistant administered the Mucinex, and on one occasion when a licensed nurse administered the Mucinex. *Resident #2 received the PRN Mucinex twenty-two times in February 2016. A medication assistant administered the Mucinex on four occasions, without evidence of an assessment by a licensed nurse prior to administration. On two of these occasions, the medication assistant assessed the result/effectiveness, and on two occasions the record lacked evidence of assessment of the result/effectiveness Resident #2's record lacked evidence: (1) a licensed nurse conducted an onsite assessment prior to administration of the PRN medication by a medication assistant; (2) a licensed nurse determined an onsite assessment was not necessary for the specific PRN medication for	B1540		

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B1540	Continued From page 11 Resident #2; and (3) of written parameters for use as guidance by the medication assistant with the administration of the specific medication for the Resident #2. - Review of Resident #3's (MARs) occurred on 07/20/2016, and identified a medication assistant (MA) administered PRN medication to the resident as follows: * April 2016 and May 2016 MARs included the following physician order, "Hydrocortisone Cream to bilateral thigh rash and bilateral L/E [lower extremities] rash BID [two times daily] PRN." The MARs showed licensed nurses and medication assistants applied the prescribed PRN cream on 04/27/2016, 04/28/2016 (two times), 04/30/2016, 05/01/2016 (two times), 05/02/2016 (two times), and 05/03/2016 (two times). Other than the MAR indicating staff signed off as having applied the above cream, Resident #3's record lacked evidence of the reason for administering the cream, assessment (including description, size of affected area, location, etc.) location of where staff applied the cream, and follow-up assessment regarding the effectiveness of the cream. Resident #3's record lacked evidence: (1) a licensed nurse conducted an onsite assessment prior to administration of the PRN medication by a medication assistant; (2) a licensed nurse determined an onsite assessment was not necessary for the specific PRN medication for Resident #3; and, (3) of written parameters for use as guidance by the medication assistant for administration of the specific medication to Resident #3. During an interview on the afternoon of	B1540		

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B1540	Continued From page 12 07/20/2016 with an administrative staff member (#1), the staff member provided no additional information regarding PRN medication administration for Resident #2 and #3, and the lack of information as referenced above.	B1540		