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
	8007	A. BUILDING: _____ B. WING _____	R 09/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODD FELLOWS HOME	1107 WALNUT ST E DEVILS LAKE, ND 58301

(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 The unannounced revisit conducted September 21, 2016, and included a focused review of 5 current residents. The revisit identified the facility had corrected Tier II deficiencies B1040, B1120, B1230, and B1540. The revisit found Tier II deficiencies B1220 and B1800 remained out of compliance.	{B 000}	B1220 The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: • A review of health, psychosocial, functional, nutritional and activity status. • Personal care and other needs. • Health needs. • The capability of self-preservation. • Specific social and activity interests. 1. The licensed nurse will verify that a falls risk assessment has been completed for resident #7. In the future, all falls risk assessments will be completed as soon as the licensed nurse is able. Appropriate interventions will be taken based off of the assessment and the licensed nurse with notify the primary medical provider if further concerns arise. Resident #7 was evaluated by the primary medical provider and further interventions were ordered	
{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, review of incident reports, and staff interview, the facility failed: (1) to conduct assessments of individual falls to determine the risks/factors contributing to the fall for 1 of resident (Resident #7) who had experienced falls; (2) failed to conduct individualized assessments of incontinence, including assessment of resident voiding patterns/habits, to ensure the assessment	{B1220}		

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{B1220}	Continued From page 1 provides sufficient information to implement an individualized plan to promote maximum continence for 1 of 1 resident (Resident #4) identified by the facility as incontinent; and (3) failed to ensure licensed nurse assessment of the effectiveness of as needed (PRN) medications administered by unlicensed personnel to 2 of 2 residents (Resident #1, and #4). Failure to conduct adequate assessments of falls placed Resident #7 at risk for avoidable falls/injury. Failure to conduct adequate assessment of incontinence placed Resident #4 at risk for avoidable incontinence. Failure to assess the effectiveness/response to PRN medication placed Resident #1 and #4 at risk for delay in adequate/necessary treatment, and continued administration of ineffective medication. Findings include: This is a repeat deficiency from the 07/12/2016 survey. (1) Review of Resident #7's record and incident reports on 07/12/2016, and on 09/21/2016, and showed the resident experienced falls as follows: * 06/09/2016 - Fall when "transferring from bed to wheelchair - assist of 2 required to stand." The record lacked any investigation/assessment of the fall, the contributing factors, i.e., wheelchair locked, footwear, weakness, balance issue, and condition of floor/environment. * 09/15/2016, Resident #7 experienced three falls within a one hour period while transferring from bed to wheelchair, wheelchair to bed, and wheelchair to chair. On all three occasions Resident #7 identified the cause/reason for the falls during transfer occurred because of "leg weakness." The record lacked evidence the facility had	{B1220}	by that provider. The bowel and bladder assessment that was completed for resident #4 was further reviewed by the licensed nurse and staff have been designated specific times to remind the resident to use the bathroom to help prevent incontinence. Medication administration records for residents #1 and #4 have been further reviewed by the licensed nurse for documentation discrepancies. The resident care staff was spoken to about the documentation discrepancies and amended as appropriate. All medications administrations will be documented and prn medications will have a follow-up response to the intervention documented in the record. 2. The residents that have had a recent fall have been identified and a falls risk assessment has been completed on those residents by the licensed nurse. A falls risk assessment is completed on each resident at admission, when a fall	

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{B1220}	Continued From page 2 provided /conducted an assessment Resident #7's "leg weakness" by an appropriately licensed individual. Lack of assessment of the resident's change in transfer ability placed the resident at continued risk for further avoidable falls and/or injury. During an interview with a management staff member (#1) on the afternoon of 09/21/2016, the staff member indicated Resident #7 had experienced recent leg weakness, but the facility had not arranged for an assessment of the recognized change in resident's physical function/condition. (2) The record Resident #4, reviewed on 07/12/2016, and on 09/21/2016, included a plan of care identifying the resident as occasionally incontinent of bowel and bladder. The record on 09/21/2016 showed the facility had completed a three day assessment of Resident #4's voiding habits/pattern. The data showed: * On two of the three day assessment Resident #4 was incontinent at 7 a.m., and continent when assisted to the toilet at 6 a.m. on the third day. * On two of the three days the facility identified Resident #4 as incontinent at 6 p.m. of on * On two of the three days the facility identified Resident #4 as incontinent at 8 p.m. The record lacked evidence the facility analyzed the data collected, adjusted times the staff would assist Resident #4 to the bathroom, and develop and implement a responsive toileting program to assist the resident in achieving maximum continence. (3) Review of Resident #1 and Resident #4's medication administration records (MARs) occurred on 09/21/2016, and showed medication assistants administered PRN (as needed) Tylenol	{B1220}	occurs and prn. Bowel and bladder assessments are completed on new admissions, any resident noted to have a significant change in continence and prn. All medication administration records have been reviewed by the licensed nurse for documentation discrepancies. All medication records will be reviewed bi-weekly by the licensed nurse for documentation discrepancies and staff will be informed of these findings so they can take corrective action if indicated and to improve their documentation in the future. 3. When a fall happens, the resident care staff completes the Fall Incident Report. The licensed nurse will review all of the information related to the fall incident and compile a final report. Appropriate interventions will be taken based on the assessment to help prevent future falls. A procedure was developed for the resident	

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{B1220}	Continued From page 3 to Resident #1 on 08/26/2016, and PRN Tylenol to Resident #4 on 08/04/2016, 08/07/2016, 08/10/2016, and 08/29/2016. The MARs on these dates lacked evidence of an assessment of the effectiveness/response to the Tylenol by Resident #1, and Resident #4. The Mars for Resident #1 and Resident #4, showed a registered nurse had conducted weekly reviews of the MARS, however, the MAR lacked evidence the nurse identified the lack of effectiveness of the Tylenol administered, and implemented corrective/responsive action to prevent further occurrences.	{B1220}	care staff to follow when a fall/incident occurs. This tool provides step-by-step direction to the unlicensed staff when an incident occurs. Staff will be educated about this procedure and about identifying modifiable fall risk factors at an upcoming inservice. The bowel and bladder assessment will be completed on all new admissions, any resident noted to have a significant change in continence and prn. The bowel and bladder assessment will be assessed by a licensed nurse and appropriate interventions will be implemented to help restore continence as able. The primary care provider will be notified if further concerns arise. Staff will be informed of any increased interventions as the resident requires; such as reminding the resident to use the bathroom. Staff will have education reinforced about this topic at an upcoming in-service. All medication administration records will	
{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 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 and staff interview, the facility failed to maintain a clean and sanitary kitchen and environment for the storage, preparation and serving of food on 1 of 1 tour of the dietary department. Failure to maintain a clean and sanitary kitchen provides for the potential for bacterial growth, food borne illness, and the infestation of insects. Findings include: This deficiency is a repeat deficiency from the	{B1800}		

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{B1800}	Continued From page 4 07/12/2016. During a tour of the dietary department on the afternoon of 07/12/2016, and again on the afternoon of 09/21/2016, the kitchen showed a lack of adequate cleanliness and sanitation as follows: 1. The shelf above the range had an unclean sticky feel when touched and had a large visible collection of dust and debris. 2. The top of the convection oven had a large accumulation of dust and debris. 3. Open shelving used for storage of large pots and cooking utensils had dried spills, dust and debris visible on the shelves. The exposed cooking pots, pans, etc. were stored on shelves approximately 1-2 inches from the floor and were subjected to dust and debris from the kitchen floor. 4. Two garbage containers near the handwashing sink were equipped with swing top type covers. Observation showed the cover removed from one garbage container and placed on top of the second garbage container. Observation showed both garbage container covers were very dirty with dried and moist spillage.	{B1800}	be evaluated by the licensed nurse on a bi-weekly basis. Appropriate interventions will be taken to correct documentation if able. All staff who administer medication to residents will have further education regarding legal implications of incomplete medication charting. This education will be provided at an upcoming in-service. If staff are unable to correct their documentation practices in the future, disciplinary action will be taken by administration on a case-by-case basis. 4. The corrective action will be monitored by the licensed nurse. Administration will be notified if disciplinary action will be needed.	10-21-16