NORTH DAKOTA
DEPARTMENT of HEALTH

HEALTH RESOURCES SECTION
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Fax: 701.328.1890
www.ndhealth.gov

IMPORTANT NOTICE - PLEASE READ CAREFULLY

January 26, 2017

License Number: 8014

Kimberly Schlecht, Administrator
Gackle Care Center
304 1st Ave W
PO Box 335
Gackle, ND 58442

On December 21, 2016 a survey was conducted at your facility. You have alleged that the deficiencies cited on that survey would be corrected. We are accepting your plan of correction and presume that you will achieve substantial compliance for program requirements on February 3, 2017.

We will be conducting a revisit of your facility to verify that compliance has been achieved and maintained.

If you have any questions concerning the information contained in this letter, please contact our office at 701.328.2352.

Lucille Rostad

Lucille Rostad, Manager
Division of Health Facilities

c. State Medicaid Agency

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8014	A. BUILDING: _____ B. WING _____	12/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GACKLE CARE CENTER	304 1ST AVE W GACKLE, ND 58442

(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 December 20, 2016 and completed on December 21, 2016, the sample included five residents for complete review and one closed record for review. In addition, the sample included two supplemental residents. Tier II citations included B924 and B1240.	B 000		
B 924	33-03-24.1-09,2,d GOVERNING BODY d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members. This state licensing rule is not met as evidenced by: Based on review of facility policy, review of manufacturer's instructions, and staff interview, the facility failed to follow accepted infection control practices for 1 of 1 resident shower room used. Failure to follow accepted infection control practices when disinfecting the shower between residents has the potential to spread infection within the facility. Findings include: Review of the facility policy titled "Shower Room Procedure" occurred on 12/21/16. This policy, dated 07/20/14, stated, ". . . 4. After each resident is showered, clean shower stall with a disinfectant cleaner according to the directions for that cleaner . . ."	B 924	Plan of Correction for B 924 1.) All residents are affected by this deficiency B 924. 2.) Administrator / Director of Nursing revised current policy and procedure "Shower Bath" to reflect proper disinfectant use per manufacture's guidelines. Revised policy will be posted in housekeeping closet. (see attachment #1) Administrator / Director of Nursing will educate and ensure that all housekeeping and nursing staff are aware of E22 manufacture's guidelines of proper contact time to fully disinfect a surface. E22 requires ten (10) minutes of contact surface time to fully complete it's disinfecting properties. Staff will allow ten (10) minutes of surface contact time of E22 disinfectant prior to rinsing and/or wiping the resident showers in between and after each use. 3.) All staff were notified and educated on the manufacture's	

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B 924	Continued From page 1 Review of the label on the bottle of "E22 Buckeye - ECO - One-Step Disinfectant - Deodorizer - Cleaner" used to disinfect the shower and surface areas stated, ". . . Apply diluted solution to surface and allow to stand for 10 minutes. Rinse or allow to air dry . . ." - During an interview on 12/21/16 at 2:30 p.m., a housekeeping staff member (#2) stated she disinfected the showers between residents by spraying the E22 One-Step Disinfectant on to the shower surface and leaving it on for three minutes before rinsing it off. - During an interview on 12/21/16 at 2:40 p.m., a nurse aide (#1) and an administrative staff member (#3) stated they disinfected the shower between residents by spraying the E22 One-Step Disinfectant on to the shower surface and leaving it on for 15-30 seconds before rinsing it off. The facility staff failed to leave the disinfectant solution on the shower surface for 10 minutes.	B 924	4.) guidelines of chemical E22's contact time required to disinfect surfaces which is ten (10) minutes of surface contact time and the revised policy and procedure "Shower Bath" was provided and reviewed. This notification and education took place at recent mandatory staff meeting on Thursday December 29, 2016. (see attachment #2) 5.) Administrator / Director of Nursing will perform a quality assurance process to monitor that staff utilizing any disinfectant chemical are aware of the manufacture's guidelines for proper disinfecting surfaces prior to use. Administrator / Director of Nursing will randomly once a month observe housekeeping or nursing staff disinfecting a resident's shower after use to ensure he or she is using chemical E22 per manufacture's guidelines. This will take place randomly once a month times three (3) months. (see attachment #3) 6.) This deficiency will be corrected by February 3, 2017.	
B1240	33-03-24.1-12,4 RESIDENT ASSESSMENTS/CARE PLANS 4. The care plan must be updated as needed, but no less than quarterly. This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to review and revise the comprehensive care plan to reflect the residents' current status for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and #5). Failure to revise the care plan limited staffs' ability to communicate care needs and ensure continuity	B1240	Plan of correction for B 1240 1.) Resident #1, #2, #3, #4 and #5 care plans along with all other resident's care plans will be updated as needed but no less	

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B1240	Continued From page 2 of care for each resident. Findings include: - Review of Resident #1's record occurred on 12/20/16 and diagnoses included diabetes. The record showed the resident received diabetic shoes and insoles on 11/23/16 and experienced falls on 10/21/16 and 11/07/16. Resident #1's current care plan identified the resident was at risk of falling but failed to identify his actual falls, lacked the use of diabetic shoes, and failed to identify the resident's capability of self-preservation. - Review of Resident #2's record occurred on 12/20/16 and diagnoses included depression treated with daily Lexapro. The record also showed the resident experienced frequent urinary tract infections (UTIs) with the most recent occurring on 11/14/16. Physician orders identified the resident received cranberry tablets, cranberry juice, and increased fluids. Resident #2's current care plan failed to identify the diagnosis of depression and anti-depressant medication use, frequent UTIs and the use of increased fluids and cranberry tablets/juice to treat, and the resident's capability of self-preservation. - Review of Resident #3's record occurred on 12/21/16 and identified the resident experienced edema and skin breakdown to her lower extremities. The medical record identified the facility started knee high compression stockings on 10/18/16 and then, after the resident refused the compression stockings, began wrapping both lower extremities with ACE wraps (elastic	B1240	than quarterly. Residents #1, #2, #3, #4, and #5 and all other residents will have a self-preservation care plan and all other care plans will be more individualized for each resident according to their current status and plan of care. Each resident will have self preservation care plan will reflect his/hers' E scores. Each resident's care plan will be more individualized per their current status, plan of care and reflect any assistive devices he or she may utilize. Resident #1 care plan will be updated to reflect actual falls that occurred on 10/21/16 and 11/07/16, received new diabetic shoes on 11/23/16 and add a self-preservation care plan. Resident #2 care plan will include a diagnoses of depression and current use of an anti-depressant, Lexapro daily, recurrent UTI's with interventions taking cranberry tablets, increase fluid intake, encourage intake of cranberry juice and add a self-preservation care plan. Resident #3 care plan will include a diagnosis of edema with intervention of ACE wrap treatment, reflect skin breakdown to right lower leg and add a self-preservation care plan. Resident #4 care plan will reflect and identify the resident's behavior, mental health services utilized, current medication use for mood/behaviors and add a self-preservation care plan. Resident #5 care plan will include diagnosis of congestive heart failure and add a self-preservation care plan.	

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B1240	Continued From page 3 bandages) on 12/08/16. The resident's progress notes identified a blister formed on the resident's right lower leg in October 2016 and then again on 12/08/16. The current care plan failed to identify the diagnosis of edema and ACE wrap treatment, the skin breakdown to the right lower leg, and the resident's capability of self-preservation. - Review of Resident #4's record occurred on 12/21/16 and diagnoses included Schizophrenia, treated with Risperidone; depression, treated with Paxil; and anxiety, treated with Clonazepam. The medical record identified the resident received mental health services through an outside agency. The mental health practitioner's progress note, dated 06/07/16, identified Resident #4 attempted to manipulate staff, yelled out, and reported auditory hallucinations. During an interview on 12/21/16 at 3:00 p.m., an administrative staff member (#3) stated Resident #4's behaviors have improved, however, she still will occasionally raise her voice and become upset if she doesn't get her way, "like if she loses at Bingo." The current care plan failed to identify the resident's behaviors, mental health services, medications used for mood/behaviors, and the resident's capability of self-preservation. - Review of Resident #5's record occurred on 12/21/16 and diagnoses included congestive heart failure. The current care plan failed to identify the resident's capability of self-preservation. During an interview on 12/21/16 at 4:30 p.m., an	B1240	2.) Administrator / Director of Nursing and staff LPN will go through theses 5 resident's care plans along with remaining resident's care plans. Each will include a self-preservation care and update all other care plans as necessary to reflect resident's current status and plan of care. 3.) All staff were notified of B 1240 deficiency at mandatory staff in-service conducted on Thursday December 29, 2016. Administrator / Director of Nursing visited with staff LPN in detail with regards to this deficiency after staff meeting on the December 29, 2016. Staff LPN was educated that all residents must have a self-preservation care plan along with a more individualized care plan to reflect the resident's current status and plan of care. Also educated Staff LPN that care plans must be updated as needed but no less than quarterly. A resident's care plan should paint a picture of that resident, so the individual who is reading the care plan can have an idea of the resident before he or she meets the resident. (see attachment #2) 4.) Administrator / Director of Nursing will perform a quality assurance process to monitor that a resident's care plan is specific	

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B1240	Continued From page 4 administrative staff member (#3) stated the facility assessed the residents' capability of self-preservation quarterly when completing their evacuation assistance score. The staff member (#3) confirmed staff failed to care plan the results of these assessments to identify the residents' capability of self-preservation.	B1240	and individualized to his/her's current status and plan of care. Administrator / Director of Nursing will randomly pick 3 resident's care plans to review each month times 3 months. (see attachment #4) 5.) This deficiency will be corrected by February 3, 2017.	