North Dakota Department of Health

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8039	A. BUILDING: _____ B. WING _____	10/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREENS OF FARGO	1401 W GATEWAY CIR FARGO, ND 58103

(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 unannounced licensure survey started on 10/03/16 and completed on 10/05/16, the sampled included 5 residents for complete review and 1 closed record for review. In addition, the sample included 2 supplemental residents to verify specific concerns during the survey. Tier II citations included B1320.	B 000		
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. 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	B1320	RN/Clinical Director and LPN reviewed the policy titled "Content of Resident Records" and signed on 10/11/2016. For future discharges, RN/Clinical Director and LPN will document death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. Housing Director will audit discharges monthly for 1 year and document on the form titled "Documen Evergreens of Fargo Monthly Discharge Audit."	10/11/2016

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B1320	Continued From page 1 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. 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, review of facility policy, and staff interview, the facility failed to maintain a complete medical record for 1 of 1 closed record reviewed (Resident #6).	B1320		

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B1320	Continued From page 2 Findings include: Review of the facility policy titled "Content of Resident Records" occurred on 10/05/16. This policy, dated March 2014, stated, ". . . A discharge summary following the discontinuation of services, which includes: . . . In the event of death, documentation including cause and disposition of resident's personal effects . . ." Review of Resident #6's medical record occurred on 10/05/16. The record identified the facility discharged Resident #6 on 03/14/16. The record lacked evidence of disposition of the resident's personal effects, money, or valuables deposited with the facility. During an interview on the morning of 10/05/16, a supervisory nurse (#1) stated staff are expected to include disposition of resident's personal effects in the discharge summary.	B1320		