STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355096	A. BUILDING _____ B. WING _____	07/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANETA PARKVIEW HEALTH CTR	113 5TH ST S ANETA, ND 58212

(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) COMPLETION DATE
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 07/09/2012 and completed 07/11/2012, the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: 1. Based on observation, hot water temperature readings, professional literature review, policy and procedure review, and staff interview, the facility failed to ensure the environment remained as free of accident hazards as possible in regards to safe water temperatures in 1 of 2 units (Chronic Care Unit) which has the potential to affect 25 of 25 residents. Failure to maintain safe water temperatures has the potential to result in injuries to the residents. Findings include: The Centers for Medicare and Medicaid Services (CMS) has indicated hot water temperatures may reach hazardous temperatures in hand sinks,	F 323	1. Corrective action was made for resident rooms 116, 115, 108, and 103 by hot water heater immediately being turned down to 110 degrees (7/10/12). 2. All residents in the facility have the potential to be affected. 3. QA will be performed on water temperatures, sampling 3 random rooms Q week X6, then monthly X4. 4. The Director of Maintenance will be responsible for completion of all QA and any corrective action required in maintaining safe water temperatures. QA coordinator will be responsible for the review of all QA. 5. Completion Date 08/15/12.	08/15/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Stephanie Carls | Administrator | 7/30/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1	F 323		

showers, and tubs. Burns related to hot water/liquids may also be due to spills and/or immersion. Many residents in long-term care facilities have conditions that may put them at increased risk for burns caused by scalding. Third degree burns can occur after five minutes of exposure to water at 120 degrees F (Fahrenheit), three minutes exposure at 124 degrees F, and one minute exposure at 127 degrees F.

Review of the facility's policy titled, "Safety of Water Temperatures," occurred on the afternoon of 07/10/12. This policy stated, ". . . Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures of no more that 120 [degrees] F. . . ."

On 07/09/12 at 4:20 p.m., the water temperature taken in room 116 on the Chronic Care Unit, measured 125 degrees F.

On 07/10/12 at 9:25 a.m., water temperatures taken in four random resident rooms revealed the following water temperatures:
* Room 116 - 129 degrees F
* Room 115 - 126 degrees F
* Room 108 - 122 degrees F
* Room 103 - 122 degrees F

During the environmental tour of the facility on 07/10/12 at 9:45 a.m., the maintenance staff member (#1) confirmed the high water temperatures.

2. Based on observation, policy and procedure review, manufacturer's recommendations, and staff interview, the facility failed to ensure the

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F 323	Continued From page 2 residents' environment remained as free of accident hazards as possible regarding access to hazardous chemicals on 1 of 2 units (Chronic Care Unit) during 2 of 2 days of observation (July 9 -10, 2012). This practice placed residents with memory loss and/or wandering behavior at risk of exposure to hazardous chemicals. Findings include: Review of the facility's policy titled, "Storage Areas, Environmental Services," occurred on the afternoon of 07/10/12. This policy stated, "Housekeeping and laundry department storage areas shall be maintained in a clean and safe manner." Observation on 07/09/12 at 11:45 a.m., showed the soiled utility eye wash station closet on the Chronic Care Unit had a key in its lock. The closet contained chemicals with manufacturer's warnings as follows: * One spray bottle of Fresh Again incontinence odor spray, "Avoid contact with eyes." * One spray bottle of Shout, "Eye and skin irritation. Keep Out Reach of Children." Observation on 07/09/12 at 3:25 p.m. and 5:15 p.m. and on 07/10/12 at 8:25 a.m. and 9:00 a.m., showed the housekeeping closet in the Chronic Care Unit had a key in its lock. The closet contained chemicals with manufacturer's warnings as follows: * One bottle of Bleach, "Corrosive: May cause severe or damage eyes." * One spray bottle Spitfire power cleaner, "Causes eye irritation." * One spray bottle of Febreze fabric freshener,	F 323	1. Corrective action for storage areas in the Chronic Care Unit was made by removing keys from door knobs and placing them in their appropriate area (7/10/12). 2. All residents in the Chronic Care Unit have the potential for risk. 3. QA will be performed on all locked storage areas Q week X6 weeks, then monthly X4. Staff education will be provided to nursing staff at staff meetings on 8/13/12 and 8/14/12. Housekeeping staff were educated 7/16/12 on importance of locking doors in storage areas containing chemicals. 4. QA will be conducted by the Director of Maintenance and reviewed by the QA Coordinator. 5. Completion Date 08/15/2012	08/15/2012

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F 323	Continued From page 3 "Eye irritant." * One spray bottle of Biomate waste liquefiers/odor eliminator, "Keep Out of Reach of Children." * One spray bottle of Heavy Duty Prespray, "Causes eye and skin irritation." * One spray bottle of HDQ Neutral one step germicidal/deodorant, "Causes eye damage and severe skin irritation, harmful if swallowed." During the environmental tour of the facility on 07/10/12 at 9:00 a.m. and during an interview on the afternoon of 07/10/12, the maintenance staff member (#1) and an administrative staff member (#2) confirmed the doors to the above storage areas should be secured.	F 323		