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 _____	07/07/2022

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 The standard Medicare/Medicaid recertification survey started on 07/05/22 and concluded 07/07/22.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to review and	F 657	1)Care Plan for Resident #27 will be updated to reflect the current care needs	8/11/22

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

Electronically Signed | 07/26/2022

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F 657	Continued From page 1 revise the comprehensive care plan to reflect the resident's status for 1 of 2 sampled residents (Resident #27) with a change in mobility. Failure to revise the care plan may limit staff's ability to communicate care needs and ensure continuity of care for each resident. Findings include: Review of the facility's undated policy titled "Care Plans/Care Conferences Procedure" stated, ". . . Care plans are to be reviewed at least quarterly and whenever there is any significant change in the resident's condition . . ." Review of Resident #27's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, right femur fracture, and right artificial hip joint. A quarterly Minimum Data Set (MDS), dated 02/25/22, identified limited assistance with transfers and a significant change MDS, dated 05/25/22, identified extensive assistance for transfers. The current care plan showed the following: * 05/10/21 "Assist of 1 for transfers with FWW [front wheeled walker]. Use stand lift PRN [as needed] if lethargic." * 05/10/21 "Can stand pivot transfer independent in room form [sic] bed, chair, and toilet from w/c [wheelchair]. Assist with transfer and use stand lift PRN, if lethargic or weak." An Interdisciplinary Care Conference Form, dated 6/1/22, stated, ". . . Care Conference 5/31/2022 . . . ADL [activities of daily living] functioning: Assist of one for bed mobility, transfers, . . . Currently not walking at all. . . ."	F 657	for transferring. 2)All Care Plans will be reviewed to identify other residents that may be affected by this practice. 3)Staff will be educated on importance of up to date care plans at a nursing meeting on 8/3/22. Daily care plan reviews will resume. 4)QA will be completed by 8/11/22, monthly X3 and quarterly X3. QA will be completed by nursing staff and reviewed by the QA coordinator.	

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F 657	Continued From page 2 Nursing staff failed to revise Resident #27's care plan to reflect her need for increased assistance with transfers. During an interview on 07/07/22 at 1:48 p.m., an administrative staff member (#2) agreed the facility failed to update Resident #27's care plan to reflect current mobility issues.	F 657		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review and staff interview, the facility failed to provide adequate assistance for 1 of 5 sampled residents (Resident #27) observed during pivot transfers. Failure to lock wheelchair brakes and utilize a gait belt and front wheeled walker during transfer placed the resident at risk for falls, pain, and/or injury. Findings include: Review of the facility policy titled "Transferring and Positioning Residents - Moving and Transferring" occurred on 07/07/22. This policy, dated March 2011, stated, ". . . Procedure: Assisting resident from bed to chair/wheelchair.	F 689	1)Care plan from Resident #27 will be updated to reflect the current care needs for transferring. CNA #1 will be educated on transfers. 2)Transfer QA will be conducted to identify other residents affected by this practice. 3)All nursing staff will be educated on transfers including: gait belts, locking w/c brakes, and transfer assistance at a nurses meeting on 8/3/22. Extra large gait belts were ordered. 4)QA will be conducted weekly X4 (starting prior to completion date), monthly X3, and quarterly X3. QA will be completed by nursing staff and reviewed by the QA coordinator.	8/11/22

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F 689	Continued From page 3 1. Place chair or wheelchair so it touches bed and faces foot of bed at a 45 degree angle. . . . 2. Lock brakes on wheelchair and fold or lift up footrests. 3. Explain procedure to resident. 4. Assist resident to sit up and swing legs over side of bed. 5. Assist resident to step to floor, place legs close to chair, place hands on arms of chair, and sit in chair. A gait belt should be used to help support resident. . . ." Review of Resident #27's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, right femur fracture, and right artificial hip joint. A significant change Minimum Data Set (MDS), date 05/25/22, identified extensive assistance for transfers. The current care plan showed the following: * 05/10/21 "Assist of 1 for transfers with FWW [front wheeled walker]. Use stand lift PRN [as needed] if lethargic." * 05/10/21 "Can stand pivot transfer independent in room form [sic] bed, chair, and toilet from w/c [wheelchair]. Assist with transfer and use stand lift PRN, if lethargic or weak." * 03/02/22 "I'm at risk for falling because I receive a daily scheduled antidepressant med. I have slipped and fallen in my bathroom and fractured my R) [right] hip." The facility's interventions of "assist of 1 for transfers with FWW" and "can stand pivot transfer independent in room" contradicted each other. See F657. A fall risk assessment completed 5/25/22 stated, ". . . Gait/Balance . . . N/A-not able to perform function . . . Decreased muscular coordination . . . Balance Problem when walking . . . Requires	F 689		

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F 689	Continued From page 4 use of assuasive devices (cane, w/c, walker, furniture) . . . Score=10 or more high risk for falls. . . ." Observation on 07/05/22 at 4:13 p.m. showed a certified nursing assistant (CNA) (#1) entered Resident #27's room to transfer the resident from the bed to a wheelchair. The CNA (#1) positioned the wheelchair near the foot of the bed at an angle and locked the left brake. The CNA stated she did not have a large enough gait belt and asked the resident if she needed assistance or if she could transfer on her own. The resident stated she would transfer by herself. The CNA assisted the resident to sit at the edge of the bed by holding onto the CNA's hands. The resident stood unsteadily and with much exertion, by holding onto the bed rail behind her on her right-hand side. The CNA (#1) provided no support on the resident's left-hand side until the resident was able to take three shuffling steps toward the wheelchair and grab the left arm rest. The resident then started to sit in the wheelchair as the right wheel started to swing backward. The CNA (#1) quickly stopped the resident, locked the right brake, and allowed the resident to sit down. The CNA (#1) failed to lock both wheelchair brakes, use a gait belt, or offer the front wheeled walker for support during the transfer. During an interview on 07/07/22 at 1:48 p.m., an administrative staff member (#2) stated she expected staff to lock the wheelchair brakes and provide transfer assistance as care planned.	F 689		