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 _____	08/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 08/06/18 and concluded on 08/09/18	F 000		
F 567 SS=C	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any	F 567		9/13/18

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

Electronically Signed | 08/20/2018

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 567	Continued From page 1 of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, the facility failed to have a system in place to ensure 2 of 7 interviewed residents (Resident #17 and #25) had ready access to personal funds on the weekend. Failure to provide residents access to their personal funds on the weekend limits a resident's right to their money. Findings include: During an interview on 08/07/18 at 8:57 a.m., when asked about obtaining money from the resident's personal fund account, Resident #17 stated, "I can't get money on the weekends." During an interview on 08/07/18 at 2:29 p.m., when asked about obtaining money from the resident's personal fund account, Resident #25 stated, "I can't get money on the weekends. I have to get it before 4:00 p.m. on Fridays." During an interview on 08/07/18 at 2:18 p.m., an administrative office staff member (#1) confirmed residents cannot get money on the weekends unless someone is there who has access. Only the administrator, director of nursing, licensed social worker and social service designee have access to check the balance before they can provide money to residents.	F 567	1) Corrective action for Residents #17 and #25 will be accomplished by making personal funds available 24 hours a day/7 days a week. 2) All residents have the potential to be affected. 3)Licensed nursing staff were educated on how to obtain personal funds for residents at a meeting on 8/15/18. 4) QA will be completed prior to completion date, monthly X2 and quarterly X3 by nursing staff and reviewed by QA Coordinator.	

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F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs,	F 623		9/13/18

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F 623	Continued From page 3 under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.	F 623		

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F 623	Continued From page 4 §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide the resident and/or the resident's family/legal representative an accurate written notice of transfer, including the destination, and the most current contact information for a state agency for 1 of 1 sampled resident (Resident #101) given a notice of transfer or discharge in 30 days. Failure to provide a notice of transfer or discharge containing the correct information does not allow the resident and/or family to make an informed choice regarding their rights and ability to contact the Ombudsman. Findings include: Review of Resident #101's medical record occurred on all days of survey. A "Notice of Transfer or Discharge," dated 07/20/18, lacked	F 623	1) Corrective action for Resident #101 was accomplished by informing the family of correct contact information on 8/17/18. 2) All residents have the potential to be affected. 3) The correct updated "Notice of Transfer or Discharge" was placed in files for use and old form discarded. 4) QA of all Transfer and Discharge Notices will be completed prior to completion date and quarterly X3 by nursing personnel and reviewed by the QA Coordinator.	

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F 623	Continued From page 5 the correct telephone numbers for the State Long-Term Care Ombudsman, the correct name of the current Ombudsman, and as indicated on the form, the specific location for the transfer/discharge. During an interview on 08/09/18 at 10:16 a.m., an administrator (#2) confirmed the form lacked the correct information.	F 623		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review, review of the North Dakota Provider Manual for Preadmission Screening and Resident Review (PASARR) and Level of Care Screening Procedures For Long Term Care Services, and staff interview, the	F 644	1) Corrective action will be accomplished for Resident #17 by updating the PASARR and LOC screening for 8/10/18. 2) All residents have the potential to be affected. 3) All	9/13/18

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F 644	Continued From page 6 facility failed to complete a status change assessment for 1 of 5 sampled residents (Resident #17) with a newly diagnosed mental illness. Failure to complete a change in status assessment may result in the delivery of care and services that are inconsistent with residents' needs. Findings include: The North Dakota PASARR Provider Manual page 13 stated, ". . . Change in Status Process . . . Whenever the following events occur, nursing facility staff must contact Ascend [contracted service provider for screening process] to update the Level I screen for determination of whether a first time or updated Level II evaluation must be performed. These situations suggest that a significant change in status has occurred: . . . If an individual with MI, ID, and/or RC (mental illness, intellectual disability, and conditions related to intellectual disability [referred to in regulatory language as related conditions or RC]) was not identified at the Level I screen process, and that condition later emerged or was discovered. . . ." Review of Resident #17's medical record occurred on all days of survey. The initial PASARR screening, dated 08/28/14, stated, ". . . has no diagnosis of major mental illness . . . no signs and symptoms related to a major mental illness . . ." The current care plan stated, ". . . Start date 09/27/16 . . . having a dx of unspecified psychosis, depressive disorder, OCD, personality disorder, unspecified dementia without	F 644	PASARR and LOC of new admissions will be reconciled within 14 days of admit. 4) QA of all resident PASARR and LOC will be completed prior to the completion date and updated as needed. QA of reconciled assessments will be completed quarterly X3 by DON and reviewed by QA personnel.	

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F 644	Continued From page 7 behavioral disturbances, anxiety disorder, and a h/o alcohol dependency and PTSD." The record lacked evidence of an updated Level I screening/change in status assessment. During an interview on 08/09/18 at 10:30 a.m., an administrative nurse (#2) confirmed the facility failed to update the Level I screening/change in status assessment.	F 644		
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, staff interview, review of facility policy and procedure, and review of the operator's instruction manual, the facility failed to provide adequate assistance for 2 of 6 sampled residents (Resident #3 and #10) observed during transfers using assistive devices. Failure to ensure staff properly used assistive devices placed Resident #3 and #10 at risk for accidents with/without injury. Findings include: Review of the "EZ Smart Stand Operator's Instructions" occurred on 08/09/2018. These operator's instructions, revised 02/16/2018, stated, ". . . Patients should be able to bear some	F 689	1) Corrective action for resident #10 and #3 will be accomplished by providing staff education for CNAs on standing lift transfers and gait belt use. 2) All residents have the potential to be affected. 3) CNA staff education on transfers with standing lift and gait belts will be completed on 8/22/18. 4) QA will be completed prior to the completion date, weekly X3, monthly X2, and quarterly X3 by nursing personnel and reviewed by the QA Coordinator.	9/13/18

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F 689	Continued From page 8	F 689		

weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these three criteria, an EZ way total body lift must be used. . . ."

Review of the facility policy "GAIT (TRANSFER) BELT" occurred on 08/09/18. This policy, revised April 2005, stated, ". . . Gait belt should be used on any resident who needs assistance with walking or transfers . . . To aid residents in maintaining balance. To avoid injury to both residents and staff. . . ."

- Observation on 08/06/18 at 4:43 p.m., showed two certified nurse aides (CNAs) (#5 and #6) transferred Resident #10 from bed to wheelchair using an EZ stand lift. Resident #10's right hemiplegic arm hung during the process as the resident was unable to hold onto the lift. The CNA's completed incontinence/peri cares while the resident remained elevated in the EZ stand mechanical lift. Resident #10 remained elevated in the EZ stand for approximately 15 minutes with her entire body leaning toward the right hemiplegic side.

- Review of Resident #10's medical record occurred all days of survey. Diagnoses included hemiplegia affecting right dominant side, active intracranial hemorrhage, active cerebral aneurysm, aphasia, dementia and anxiety. A quarterly Minimum Data Set (MDS), dated 05/12/2018, identified extensive assist of two persons for transfers.

Resident #10's current care plan stated, ". . . I require assist of 1-2 with cares because I cannot do them myself due to R) [right] sided

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F 689	Continued From page 9	F 689		

hemiparesis and decreased cognition. 2 person stand pivot transfer or stand lift prn [as needed]. I also have aphasia and have trouble communicating. I may answer by saying/repeating . . . 'yes,' or 'no'. I have pain at times because due to R) sided hemiparesis and Hx [history] of muscle spasms. Monitor me for signs of pain whether verbal or non verbal because I may not always tell you if I am hurting. I wear a AFO [ankle and foot orthoses] to R) L/E [lower extremity] and splint to R) hand. . . ."

During an interview on 08/09/18 at 10:15 a.m., an administrative nurse (#2) stated, "I would not expect staff to keep resident elevated in the EZ stand for extended periods of time."

- Observation on 08/07/18 at 10:25 a.m. showed Resident #3 in her bed. A CNA (#4) assisted the resident to a sitting position, bent down and placed her arms around the resident's waist and lifted her into the wheelchair. To reposition the resident in the wheelchair, the CNA lifted her again and moved her back in the wheelchair seat.

Observation on 08/08/18 at 9:49 a.m. showed two CNAs (#7 and #8) transferred Resident (#3) using a gait belt. When asked how the resident usually transfers, one CNA (#7) stated "The care plan says always with a gait belt and 1 or 2 staff."

Review of Resident #3's medical record occurred on all days of survey. A quarterly MDS, dated 05/07/18, identified extensive assistance of two persons with transfer. The current care plan identified an assist of one with a gait belt for transfer and a stand lift as needed. The current

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F 689	Continued From page 10 care plan conflicts with the MDS which states extensive assist of two. During an interview on 08/08/18 at 10:06 a.m., an administrative nurse (#2) stated, "The CNA (#4) should have used a gait belt."	F 689		