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 _____	08/29/2019

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 08/26/19 and concluded 08/29/19.	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 observation, record review, review of professional reference, and staff interview, the	F 657	1) Corrective action for Resident #13 will be accomplished by updating the care	10/3/19

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

Electronically Signed | 09/12/2019

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F 657	Continued From page 1 facility failed to review/revise the care plan for 2 of 12 sampled residents (Resident #13 and #20). Failure to revise the care plan limited the ability of staff to communicate care needs and ensure continuity of care for each resident. Findings Include: - Review of Resident #13's medical record occurred on all days of survey. A physician's order, dated 08/15/19, stated, "Heels [sic] protector boots to B/L [bilateral] feet all times." Observation on 08/26/19 at 1:43 p.m. showed three certified nursing assistants (CNAs) (#1, #2, and #3) transferred Resident #13 from her wheelchair to the bed and removed her heel boots. After providing personal cares, the CNAs failed to reapply the heel boots. One CNA (#3) stated, "She [Resident #13] doesn't need the boots when in bed, only when in the wheelchair." Observation on 08/26/19 at 5:29 p.m. showed Resident #13 in bed. Two CNAs (#4 and #5) entered her room and removed her blanket. One CNA (#4) stated, "Where'd your boots go?" The CNA (#4) found the boots on the wheelchair and placed them on Resident #13's feet. Resident #13's current care plan stated, ". . . Heel protectors while in w/c [wheelchair] . . . " The care plan failed to include the new order to wear heel boots at all times. During an interview on 08/29/19 at 10:49 a.m., an administrative nurse (#6) confirmed facility staff failed to revise Resident #13's care plan.	F 657	plan to state heel boots are to be on at all times. Corrective action for Resident #20 will be accomplished by updating the care plan to include increased risk of bleeding. 2) All residents have the potential to be affected. 3) Licensed nursing staff will be educated on care planning at a meeting on 8/25/19. Daily care plan reviews will be completed. All care plans will be reviewed by 10/3/19. 4) QA will be completed prior to the completion date, monthly X2, and quarterly X3 by nursing staff and reviewed by the QA coordinator.	

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F 657	Continued From page 2	F 657		

"Nursing 2017 Drug Handbook," 37th edition, Wolters and Kluwer, Pennsylvania, pg 148-149, stated for the anticoagulant Eliquis, "INDICATIONS & DOSAGES: Reduction of risk of stroke and systemic embolism [blockage of an artery by material such as a blood clot] in patients with nonvalvular atrial fibrillation [abnormal heart rhythm]. . . . ADVERSE REACTIONS: . . . syncope . . . nausea . . . major bleeding, anemia, bruising . . . INTERACTIONS: Drug-drug. Aspirin and other antiplatelet [decreases ability of platelets to form blood clots] agents . . . May increase bleeding risk . . . Drug-food. Grapefruit juice: May increase drug level and risk of bleeding. . . . NURSING CONSIDERATIONS: . . . Alert: Promptly evaluate signs and symptoms of blood loss. Drug can cause serious, potentially fatal bleeding. Black Box Warning: Monitor patients for neurologic impairment (midline back pain, sensory or motor deficits, such as numbness or weakness in lower limbs, bowel or bladder dysfunction). Treat impairment urgently. . . ."

- Review of Resident #20's medical record occurred on all days of survey. Diagnoses included congestive heart failure and long-term aspirin use. A hospital discharge summary, dated 05/06/19, stated, ". . . Impression: 1. Status post TAVR [transcatheter aortic valve replacement] . . . 2. Paroxysmal AF [sudden outburst of atrial fibrillation]: Post procedure AF. . . . Continue with anticoagulation with Eliquis. . . ." Medication orders, dated 06/25/19, included Eliquis 5 milligrams (mg) twice a day and enteric coated aspirin 81 mg daily. A physician's progress note,

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F 657	Continued From page 3 dated 07/01/19, stated, ". . . [Resident #20] had been in the hospital in early May . . . She was with us for about a month and developed atrial fibrillation and readmitted at [name of hospital] for a full 2 weeks, returning [06/25/19] . . ." The current care plan failed to include a problem, goals, or interventions related to the increased risk of bleeding and other side effects related to the use of an anticoagulant medication.	F 657		