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 _____	C 10/25/2023

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 and complaint survey started on 10/23/23 and concluded 10/25/23. During the complaint investigation, the issues identified by the complainant were found to be in compliance with regulatory requirements.	F 000		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to provide care and services to aid the healing or prevent the development of pressure ulcers for 1 of 2 sampled residents (Resident #32) with a history of pressure ulcers. Failure to apply barrier cream after toileting may result in the development of new pressure ulcers. Findings include: Review of Resident #32's medical record occurred on all days of survey. Diagnoses	F 686	1)Corrective action will be accomplished for Resident #32 by applying barrier cream after toileting. 2) All residents have the potential to be affected. 3) Protective creams will be added to the Care Assist portion of the medical record for CNAs to sign off. Education will be provided at a nursing meeting on 11/21/23. Cares will be observed to ensure that barrier creams are applied. 4) QA will be completed prior to the completion date, weekly X3, monthly X3,	11/29/23

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

Electronically Signed | 11/14/2023

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F 686	Continued From page 1 included a history of a pressure ulcer to the right buttocks. A nurse's note identified, ". . . 10/10/23 Care conference note: No skin concerns. Pressure ulcer to his bottom is a scab, healing nicely. Skin protectant applied to buttocks after toileting. . . ." Current physician's orders included, "Skin protectant to be applied after toileting Every Shift Day, Evening, Night." The resident's current care plan stated, ". . . Problem Start Date: 10/12/2023 I have the potential of skin breakdown because I am incontinent and I have a diagnosis of Dementia. . . . Approach Start Date: 10/12/2023 Protective ointment to my buttocks after toileting. . . ." Observation on 10/24/23 at 11:07 a.m. showed a certified nurse aide (CNA) (#1) assisted Resident #32 to the bathroom. Upon completion of toileting, the CNA failed to apply barrier cream to Resident #32's buttocks. Observation on 10/24/23 at 4:34 p.m. showed a CNA (#2) assisted Resident #32 to the bathroom. Upon completion of toileting, the CNA failed to apply barrier cream to Resident #32's buttocks.	F 686	and quarterly X3. QA will be completed by the QA Coordinator and reviewed by DON.	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic	F 758		11/29/23

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F 758	Continued From page 2 Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 758		

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F 758	Continued From page 3 Based on record review, the facility failed to ensure a rationale and duration for the use of an as needed (PRN) psychotropic medication for 1 of 3 sampled residents (Resident #31) with a prn psychotropic. Failure to ensure a rationale and duration of prn medications places residents at risk for receiving unnecessary medications and experiencing adverse consequences related to their use. Findings include: Review of Resident #31's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, insomnia, and unspecified psychosis. Physician's orders included trazodone (an antidepressant) PRN at bedtime, initiated 09/16/22. Communication with the physician regarding renewals of the trazodone failed to identify a rationale for its continued use or indicate a duration (i.e., end date) for the PRN order.	F 758	1) Corrective action was accomplished for Resident #31 by discontinuing PRN trazadone on 11/2/23. 2) All residents have the potential to be affected. 3) All PRN psychotropic orders will be for 14 days and require rationale by the physician to continue the order. Education will be provided at a nursing meeting on 11/21/23. QA will be conducted to ensure that psychotropic PRN orders are for 14 days and rationale documented 4) QA will be completed prior to completion date and weekly X3, monthly X3, and quarterly X3. QA will be completed by the QA coordinator and reviewed by the DON.	