STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355091	A. BUILDING _____ B. WING _____	C 10/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLEY MEDICAL CENTER NURSING HOME	**612 CENTER AVE N ASHLEY, ND 58413**

(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 An unannounced onsite complaint survey was completed on October 20, 2020. The sample included eight (8) sampled residents and two (2) records of residents discharged from the facility for focused review.	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility's policy, and staff interview, the facility failed to ensure a regimen free of unnecessary medications for 1 of 2 sampled residents (Resident #8) and 1 resident discharged from the	F 757	F0757 Drug Regimen is Free from Unnecessary Drugs 1. Corrective action for those residents found to be affected. One of the	11/30/20

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

Electronically Signed | 11/20/2020

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F 757	Continued From page 1 facility (Resident #10) who received an antibiotic. Failure to discontinue the antibiotic or include documentation regarding the clinical justification for continued use of the antibiotic placed Resident #8 and #10 at risk of experiencing adverse effects related to it's continued use. Review of the facility policy titled "Urinary Catheters and Indications for Urinalyses (UA) and Urine Cultures (UC)" occurred on 10/20/20. This policy, dated 09/15/16, stated, ". . . Urinalyses and Urine Cultures: The RN should notify the physician and obtain a urinalysis, and, if indicated, a urine culture in the following situations . . . A patient has symptoms of UTI (urinary tract infection) and the following conditions are present . . . new flank or suprapubic pain or tenderness . . . change in character of urine . . . worsening of mental or functional status . . . patient has a fever of unknown origin . . ." - Review of Resident #10's medical record occurred on all days of survey and identified a history of UTIs. The "infection" portion of the care plan, revised 01/09/20, identified the following; "antibiotic as ordered, observe culture report once received, follow up UA on completion of antibiotic . . . and monitor the resident's symptoms of UTI." The progress notes identified the following: * 04/08/20, ". . . Patient seen in NH [nursing home] rounds for readmission visit. . . ." * 04/14/20, "New orders received to straight cath. for UA. . . . New orders received for Cipro [an antibiotic] 250 mg. [milligrams] PO [orally] BID [twice daily] for 10 days. . . ."	F 757	residents has since passed away, and the other resident is no longer on an antibiotic. 2. When a resident is started on an antibiotic, the McGeers Definition for Healthcare Associated Infections for Surveillance will be filled out and given to the Infection Control Nurse. This will identify which residents are placed on an antibiotic. 3. When the urine culture comes back, the SNF nurse will notify the provider of the results. If the specimen is contaminated or if the organism is not susceptible to the antibiotic, the antibiotic must be changed or discontinued. The follow was added to the bottom of the McGeers form: *If urine specimen is contaminated, provider should be called for orders to repeat the UA (catheter) or discontinue antibiotic. *Provider needs to see culture result as soon as received. *If organism is resistant to antibiotic, the antibiotic must be changed. *If no organism grows, the antibiotic needs to be stopped. Another column was added to the Infections that meet surveillance criteria for infection report, that will list antibiotic changes after culture report. The Infection Control nurse fills out this report. Nursing staff and providers will be provided education by November 23rd, 2020 on UTI□s and antibiotic prescribing.	

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F 757	Continued From page 2 * 04/17/20, ". . . To continue on Cipro until final urine culture received." The urine culture microbiology report, dated 04/20/20, identified the resident had a yeast infection. The facility failed to discontinue the Cipro after being informed of the yeast infection. The record further identified the resident was resistant to Cipro on her previous culture/susceptibility report. During an interview on the afternoon of 10/20/20, an administrative nurse (#3) provided a copy of Resident #10's lab reports. The administrative nurse (#3) reported Resident #10 completed her course of Cipro on 04/24/20 and acknowledged the medication "hadn't been stopped and probably should have been." - Review of Resident #8's medical record occurred on all days of survey and identified a history of UTIs. The "care needs" portion of the care plan identified the following; ". . . independent with toileting as she desires. . . ." The progress notes identified the following: * 06/25/20, ". . . Resident states that she still has pain and discomfort on her left lower back area near her kidney . . ." * 06/26/20, ". . . Resident was up earlier and stated that she had pain again on left lower back area . . . Resident state that she does not having [sic] any burning with urination or urgency. She also stated that she does not feel that her urine has a strong odor . . . Bactrim DS [antibiotic] Tablet 800-160 mg (Sulfamethoxazole-Trimethoprim) Give 1 tablet by mouth two times a day for UTI for 7 days . . .	F 757	4. Antibiotic use and urine cultures will be reviewed bi-monthly by the infection control nurse to ensure that antibiotics are being prescribed appropriately. A Quality Assurance report will be completed monthly X 3 and quarterly X 3 and will be taken to the quarterly Quality Assurance meeting. This report will also be reviewed at the nurses meetings and Medical Staff meetings. 5. This process will be implemented by November 23rd, 2020. All nurses and providers will have the education needed by this date.	

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F 757	Continued From page 3 UA . . ." * 06/30/20, ". . . Patient being seen today for follow up for UTI. Patient notes pain is better with UTI treatment. Does have urination frequency, but improving . . ." The UA report identified the sample was contaminated. The facility failed to call the provider for orders to repeat the UA and/or discontinue the antibiotic. During an interview on the afternoon of 10/20/20, an administrative nurse (#3) provided a copy of Resident #8's lab reports. The administrative nurse (#3) reported Resident #8 completed her course of Bactrim DS on 07/03/20 and acknowledged the 06/26/20 sample was contaminated, the nurse should have called the provider, and the provider should have called for a cath."	F 757		