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 06/05/2024

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 The standard Medicare/Medicaid recertification survey started on 06/03/24 and concluded 06/05/24.	F 000		
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, review of the facility policies, and staff interview, the facility failed to properly utilize assistive devices necessary to prevent accidents and/or injury for 1 of 3 sampled residents (Resident #12) observed during gait belt transfer and 1 of 4 sampled residents (Resident #19) observed during a mechanical stand lift transfer. Failure to use a gait belt or ensure proper use of a stand lift during transfers placed residents at risk for injury. Findings include: Review of the policy titled "Gait Belt Policy" occurred on 06/04/24. This undated policy stated, ". . . The belt should be placed near the waist unless previous diagnosis exist. . . . Make sure the belt is snug on the user. Additional tightenings [sic] may be appropriate when the patient stands up. Hold onto the belt with the hand or hands under the belt . . ."	F 689	F-689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. CNAs that took care of resident #12 were instructed on proper use of Gait belts for this resident. CNAs that took care of resident #19 were instructed on proper transfer method and safety of using the lifts. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.	7/10/24

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

Electronically Signed | 06/14/2024

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F 689	Continued From page 1 Observations on 06/03/24 at 5:00 p.m. showed a certified nurse aide (CNA) (#2) assisted Resident #12 with a transfer from the wheelchair to the bed. The CNA (#2) placed a gait belt loosely around the resident's chest and proceeded to transfer the resident. During the transfer the resident had difficulty standing and turning. The gait belt slid up under the resident's arms and provided no support to the resident during the transfer. The CNA (#2) failed to place the gait belt at the resident's waist and failed to tighten the gait belt prior to transfer or when standing the resident. Observation on 06/04/24 at 1:25 p.m. showed a CNA (#3) assisted Resident #12 from the wheelchair to the bed. The CNA placed a gait belt loosely around the resident's waist and proceeded to transfer the resident. The resident had difficulty standing and turning. The resident's chair alarm sounded and a nurse (#4) entered the room and assisted with the transfer. During the transfer, the gait belt slid up under resident's arms and provided no support to the resident. The CNA (#3) failed to tighten the gait belt prior to transfer and the CNA (#3) and nurse (#4) failed to tighten and readjust the gait belt during the transfer. During an interview on 06/05/24 at 2:41 p.m., and administrative nurse (#5) confirmed staff are expected to place the gait belt around the resident's waist, make it snug, and readjust as needed. Review of Resident #19's care plan identified, ". . . Assist [Resident #19] with transfers for safety,	F 689	All residents needing assistance with a Gait Belt or a Medi/Hoyer Lift have the potential to be affected by the deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All CNAs and Nurses will be in-serviced on the updated Gait Belt Policy and Lift Policy at the CNA and Nurses meeting. These meetings will be completed on 6/25/24 and 6/26/24. The Gait Belt use policy was updated that states: Policy on the Appropriate Use of Gait Belts Purpose: The purpose of this policy is to establish guidelines for the safe and effective use of gait belts at Ashley Medical Center to ensure the safety and well-being of residents and staff during transfers and mobility assistance. Scope: This policy applies to all healthcare professionals, caregivers, and staff members responsible for assisting residents with mobility and transfers within AMC. Policy: Training and Education: o All staff members involved in	

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F 689	Continued From page 2 provide varied level of assist as needed usually Medi-lift [mechanical sit to stand lift] for transfers, at times he does not comprehend to safely participate in transfers with Medi-lift, use Hoyer Lift [full body mechanical lift]." Observations on 06/03/24 at 3:36 p.m., showed a CNA (#6) assisted Resident #19 to stand with a sit to stand lift from the recliner. After the CNA had the resident in a standing position, the CNA pulled down the resident's pants and removed the brief. The CNA left the resident unattended and obtained supplies. The resident let go of the handles on the lift and began to fidget and move around which caused the lift to move as the brakes were not locked in place. The CNA reminded the resident multiple times to hold onto the lift handles but the resident did not until the CNA completed all cares. The CNA then put the resident's hands on the lift handles, moved the stand lift over to the wheelchair, and lowered the resident into the wheelchair. The CNA failed to lock the wheels of the sit to stand lift and failed to ensure Resident #19 held onto the lift handles.	F 689	assisting residents with transfers must receive comprehensive training on hire and annually on the appropriate use of gait belts. o Training should include proper application of the gait belt, techniques for assisting residents with ambulation, and precautions to prevent falls and injuries. Assessment and Individualized Care: o Gait belts are required for all pivot transfers (P1 or P2). If using a mechanical lift, a gait belt is not required. If using a Sara Steady, a gait belt should be used. o The use of a gait belt should be individualized based on the resident's needs, abilities, and preferences. o Residents with specific medical conditions or contraindications to gait belt use should be identified, and alternative transfer methods should be considered. Proper Application and Positioning: o Gait belts should be applied securely around the resident's waist, through the teeth of the belt and back through the clasp, ensuring a snug but comfortable fit. If the gait belt loosens as the resident stands, it should be tightened. o The gait belt should be positioned over clothing and placed around the resident's midsection, avoiding contact with any medical devices or skin irritations. o Caregivers should ensure that the gait belt is positioned properly and does not impede the resident's breathing or	

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F 689	Continued From page 3	F 689	circulation. o After the resident stands, hold on the back of the belt. Staff should never grab under the residents arms to lift or position them. Communication and Collaboration: o Effective communication between caregivers and residents is essential during transfers using gait belts. o Caregivers should explain the transfer process to the resident, encourage their participation, and provide reassurance throughout the procedure. o Collaboration between caregivers, residents, and interdisciplinary team members, such as physical therapists, should be encouraged to promote resident safety and well-being. Monitoring and Supervision: o Transfers using gait belts should be conducted under the supervision of trained staff members. o Caregivers should monitor the resident's response and stability during transfers, making adjustments as necessary to ensure safety and comfort. o Any signs of discomfort, instability, or adverse reactions should be promptly addressed, and the transfer discontinued if necessary. If a resident starts to fall, they should be eased to the floor holding the back of the gait belt. A New Policy on the Safe Use of Medi/Hoyer lifts was also made and implemented:	

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F 689	Continued From page 4	F 689	This reads as follows: Policy on the Safe Use and Disinfection of Medi Lifts, Hoyer Lifts, and Sara Steady Purpose: The purpose of this policy is to establish guidelines for the safe and proper use of medical lifting devices, including Medi Lifts, Hoyer Lifts, and Sara Steady, as well as procedures for their disinfection to ensure the safety of residents and staff members within the skilled nursing facility. Scope: This policy applies to all healthcare professionals, caregivers, and staff members responsible for assisting residents with transfers and mobility within the skilled nursing facility. Policy: Training and Competency: o All staff members involved in the operation of medical lifting devices must undergo comprehensive training on their proper use, including but not limited to: o Transfer techniques. o Resident assessment and positioning. o Safety precautions and emergency procedures. o Competency assessments will be conducted on hire and annually to ensure staff members maintain proficiency in operating medical lifting devices. Individualized Assessment: o Prior to using a medical lifting device, a thorough assessment of the resident's mobility, weight-bearing status,	

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F 689	Continued From page 5	F 689	and physical condition must be conducted to determine the most appropriate transfer method and equipment. This will be assessed by Physical Therapy. o If safety concerns arise during a resident transfer, it is imperative to notify the nurse before proceeding with the transfer. Any decision to modify the transfer status rests with the Nurses and/or Physical Therapist, not the CNAs, based on their discretion and assessment of the situation. o Resident preferences and comfort should also be taken into consideration when selecting the appropriate lifting device. Equipment Inspection and Maintenance: o Any equipment found to be damaged, malfunctioning, or in need of repair must be immediately taken out of service and reported to maintenance for prompt resolution. o Regular maintenance and servicing of medical lifting devices will be conducted according to manufacturer guidelines to ensure their safe and reliable operation. Ashley Medical Center has a contract with the EZ Way lift company for the lifts to be inspected annually. Safe Transfer Techniques: o Staff members must follow proper transfer techniques when using medical lifting devices to move residents, including: o Ensuring the resident is properly	

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F 689	Continued From page 6	F 689	positioned and secured in the device. o Using appropriate slings or harnesses as recommended for the resident's size and condition. o Communicating with the resident throughout the transfer process to ensure their comfort and cooperation. o Avoiding sudden movements or jerking motions that may cause discomfort or injury to the resident. o Ensuring the Hoyer sling is crisscrossed between the residents legs. Disinfection Procedures: o Medical lifting devices must be disinfected according to facility protocols after each use and whenever visibly soiled. o Surfaces of the lifting device that come into contact with residents or caregivers must be thoroughly cleaned and disinfected using an EPA-approved disinfectant. o Care should be taken to disinfect all high-touch surfaces, including handles, control panels, and sling attachment points. o Each resident will have their own sling or harness to minimize the risk of cross-contamination between residents. o Reusable slings or harnesses must be cleaned and disinfected according to manufacturer instructions after each use. The sling or harness will be sent to laundry on the residents bath day. o When a resident is in Contact, Droplet, or Airborne Isolation, AMC will attempt to designate a lift to that resident	

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F 689	Continued From page 7	F 689	for the duration of their isolation. Storage of Lift: o Once the Mechanical Lift has been properly disinfected, it must stored in the storage room, not in the residents room or hallways. Documentation and Reporting: o All transfers using medical lifting devices must be documented in the resident's care plan. The appropriate staff will be updated on the changes as they arise. See the MECHANICAL LIFT FOR TRANSFERS □ EZ STAND LIFT Policy for utilization of the mechanical lift. Date Originated: 6/6/2024 KJenner, DON 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. There will be direct observations of residents that need gait belt use or Medi/Hoyer lift use performed by the Nurse Educator/ADON/DON. These will be performed on random residents and will be conducted every 2 weeks X 3, monthly X 3 and then quarterly X 4. 5. Dates when the corrective action will be completed. Corrective action completion date: July	

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F 689	Continued From page 8	F 689	10th, 2024.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of resident record, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 1 sampled resident (Resident #26) observed during insulin administration. Failure to obtain a new medication label from the pharmacy for an insulin	F 761	F-761 Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.	7/10/24

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F 761	Continued From page 9 pen or affix a label noting change in the directions, may result in residents receiving an incorrect dose of insulin. Findings include: Review of the facility policy "Medication Administration and Safe Handling Policy/Procedure" occurred on 06/05/24. This undated policy stated, ". . . The correct label should be on the medication from [name of pharmacy]. If the dose changes, [name of pharmacy] will be contacted for a new label, and the nurse will put a Change of Directions sticker on the medication to refer to the order until a new label comes." Observation on 06/03/24 at 11:48 a.m. showed a nurse (#1) removed a Novolog insulin pen from the top drawer of the medication cart to prepare for administration. The current label included the resident's name and directions for administration. The label instructions stated to administer 8 units in the morning, 14 units at lunch and 16 units in the evening. Review of Resident #26's current physician orders identified to administer 15 units at 8:00 a.m., 15 units at 11:30 a.m. and 16 units at 5:30 p.m. The nurse (#1) confirmed the label affixed to the insulin pen as incorrect and a new label should have been ordered.	F 761	The facility replaced the label on Resident #19□s insulin pen immediately. The RN working was given education on the correct way to label the insulin pens. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents receiving insulin have the potential to be affected by the deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All CMAs and Nurses will be in-serviced on the updated Insulin Pen Policy/Procedure at the CMA and Nurses meeting. These meetings will be completed on 6/25/24 and 6/26/24. Thrifty White Drug was contacted about the deficiency and a new procedure was added to the current policy on insulin prescription updates and will be implemented as follows: Insulin Pen Dose Change Protocol Purpose: The purpose of this protocol is to ensure accurate and efficient communication with Thrifty White Drug regarding insulin dose changes for residents. This protocol aims	

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F 761	Continued From page 10	F 761	to facilitate timely prescription adjustments and minimize errors in medication administration. Procedure: Prescription Update: o Upon determining the need for an insulin dose change for a resident, the healthcare provider will promptly update the order. Communication with Thrifty White Drug: o The Nurse will fax the updated order to Thrifty White Drug for processing. o The fax should clearly indicate whether a refill is required or if only label changes are necessary. Label Change: o If only label changes are needed, the Nurse will specify the number of labels required. o The number of labels needed will be determined by counting the remaining insulin pens. o If a new box is required due to the change in dosage, the Nurse will include this information in the request. o While waiting for the new label, the Nurse will place a Change of Directions sticker on the pen until the new label arrives. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.	

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F 761	Continued From page 11	F 761	There will be direct observations of insulin pens on residents that need dose changes performed by the Nurse Educator/ADON/DON. These will be performed randomly with dose changes and will be conducted every 2 weeks X 3, monthly X 3 and then quarterly X 4. 5. Dates when the corrective action will be completed. Corrective action completion date: July 10th, 2024.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to	F 880		7/10/24

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F 880	Continued From page 12 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and	F 880		

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F 880	Continued From page 13 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure staff followed enhanced barrier precautions for 1 of 2 sampled resident (Resident #20) observed during cares. Failure to follow infection control practices related to enhanced barrier precautions may result in the spread of infections within the facility. Findings include: Review of the facility policy titled "Enhanced Barrier precautions" occurred on 06/05/24. This policy, dated 04/29/24, stated ". . . when implementing Enhanced Barrier Precautions it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use . . . disinfect lifts between each resident and adhere to recommended infection control prevention practices . . ." Observation on 06/04/24 at 2:00 p.m. showed two certified nurse aides (CNAs) (#6 and #8) entered Resident #20's room. Signage identified enhanced barrier precautions. The CNAs donned gloves and gowns and assisted Resident #20 to bed using a full body lift. The CNAs removed the resident's soiled brief and provided incontinence cares. Without removing the soiled gloves and donning clean gloves, the CNAs, applied a clean	F 880	F-880 Infection Prevention and Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. The CNA□s that take care of resident #20 and all other EBP residents were educated about disinfecting the lifts on enhanced barrier precaution residents on 6/5/2024. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents using Medi/Hoyer lifts have the potential to be affected by the deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All CNAs and Nurses will be in-serviced on the updated Enhanced Barrier Precautions Policy/Procedure at the CNA and Nurses meeting. These meetings will	

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	355091	A. BUILDING _____ B. WING _____	C 06/05/2024

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F 880	Continued From page 14 brief, adjusted the residents clothing, bedding, catheter, and lift. The CNAs (#6 and #8) then removed their gloves, and exited the room with the lift. The CNAs failed to disinfect the lift after use and perform hand hygiene after leaving the room. During an interview on 06/04/24 3:27 p.m., an administrative nurse (#5) stated she expects staff to sanitize all mechanical lifts between residents.	F 880	be completed on 6/25/24 and 6/26/24. The Enhanced Barrier Precautions Policy/Procedure was updated to include disinfecting the lift after taking it out of an enhanced barrier room. This is updated as follows: Purpose: Enhanced Barrier Precautions expand the use of PPE and refer to the use of a gown and gloves during high-contact resident care activities that provide opportunities for transfer of Multi Drug Resistant Organisms (MDROs) to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: o Dressing o Bathing/showering o Transferring □ in the residents□ room	

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F 880	Continued From page 15	F 880	o Providing hygiene o Changing linens o Changing briefs or assisting with toileting o Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator o Wound care: any skin opening requiring a dressing (Pressure Ulcers) In general, a gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities. Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident□s stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. Procedure: When implementing Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility□s expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this: o Post clear signage on the door or	

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F 880	Continued From page 16	F 880	inside entrance of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) o For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves o Make PPE, including gowns and gloves, readily available inside of the resident room o Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room) o Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room o Incorporate periodic monitoring and assessment of adherence to recommended infection prevention practices, such as hand hygiene and PPE use, to determine the need for additional training and education o Provide education to residents and visitors o If resident uses a Mechanical Device, ensure that it is disinfected after use. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. There will be direct observations of residents under enhanced barrier precautions that use lifts performed by the Nurse Educator/ADON/DON. These will be performed randomly and will be	

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F 880	Continued From page 17	F 880	conducted every 2 weeks X 3, monthly X 3 and then quarterly X 4. 5. Dates when the corrective action will be completed. Corrective action completion date: July 10th, 2024.	