

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2014
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NAME OF PROVIDER OR SUPPLIER

KNIFE RIVER CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
118 22ND ST NE
BEULAH, ND 58523

(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
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F 000 INITIAL COMMENTS

F 000

F 153
SS=D

For the complaint investigation, conducted March 11-12, 2014, the sample included record review of seven (7) current residents and four (4) residents discharged from the facility.

483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS

The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

This REQUIREMENT is not met as evidenced by:

Based on record review, review of the facility's policy and procedure, and review of professional literature, the facility failed to ensure the legal representative had access to a medical record within two working days given advance notice for 1 of 4 residents (Resident #2) discharged from the facility. Failure to release medical records within the required time frame has the potential to limit the legal representative's ability to make informed decisions regarding medical care.

Findings include:

Review of the facility policy "Notice of Privacy Practices" occurred on 03/12/14. The policy, date 09/23/13, stated, "... Inspect and Copy of Your

Complaint Survey- March 11,12, 2014

Plan of Correction- F 153

Facility has made the changes to its current "Request for medical records" policy and to procedure to include the following;

Removal of wording "within a reasonable timeframe" and added

Notice of Privacy Practices, Inspect and Copy of your Health Information. Upon advance notice of two working days the Knife River Care center will provide copy of medical record to current resident/legal representative within forty eight hours (2 working days excluding weekends and holidays)

Medical Records staff person will monitor compliance with new policy/procedure on a monthly basis for first three months and then on a six month basis.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

R. J. Anderson

ADMINISTRATOR

04-08-14

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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NAME OF PROVIDER OR SUPPLIER KNIFE RIVER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 118 22ND ST NE BEULAH, ND 58523		
(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 153	Continued From page 1 Health Information . . . We will provide copies within a reasonable timeframe and we reserve the right to charge a fee according to North Dakota law for the requested copies. . . . The facility's "Authorization for Release of Health Information" form further stated, ". . . I understand that if I request the records be copied and sent to me that the Knife River Care Center will make a good faith effort to send those records in a reasonable amount of time. . . ." Resident #2's daughter signed the request form on 01/20/14. The facility provided a certified mail receipt showing the requested information was mailed to Resident #2's daughter (legal representative) on 01/29/14 (Nine days after the release of information form was signed). The facility failed to release Resident #2's medical record to her legal representative within two working days advance notice to the facility.	F 153	New policy/procedure adherence will be added to Quarterly Quality Assurance review. See attached Policy Completion Date – April 8, 2014		