STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355053	A. BUILDING _____ B. WING _____	08/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNIFE RIVER CARE CENTER	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 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 08/09/10 and completed on 08/12/10 the sample included four (4) residents for complete review, ten (10) residents for focused review, and 3 closed records. The sample included four (4) additional residents to verify specific concerns during the survey.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide meals in a manner that enhanced dignity and respect for 1 of 2 sampled residents (Resident #2) during observation of meal service. Findings include: Review of the facility policy titled "Feeding the Resident" occurred on 08/12/10. This policy, not dated, stated, "Objective: 1. To assist the resident with feeding as is necessary." "Procedure: 15. During the meal, wipe the resident's mouth and chin as needed." Review of Resident #2's medical record occurred on August 9-12, 2010. Medical diagnoses included Alzheimer's disease, dementia, and cataracts. The Minimum Data Set (MDS), dated	F 241	**F 241 Plan of Correction** In the spirit of cooperation the facility has taken a positive action to promote the dignity of our residents in a manner that maintains or enhances each resident's dignity. 1. We will continue to follow the care plan for Resident #2. In addition, staff will be instructed on additional options for cleaning the mouth, such as cloth or paper napkins. If the resident chooses, a clothing protector may also be used. 2. Upon observation of a resident having difficulty with the feeding and/or dining experience, staff will complete an Occupational Therapy and/ or Dietary Order and Communication Form for further evaluation of the resident.	09/16/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ADMINISTRATOR	09-13-10

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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F 241	Continued From page 1 06/05/10, identified Resident #2 required total assistance with eating. Observation of the breakfast meal on 08/10/10 showed Resident #2 seated in a high back wheelchair at the table. A Certified Nursing Assistant (CNA) (#2) fed this resident with a spoon. A CNA (#2) filled the spoon with food, then with the spoon on the resident's lower lip applied pressure until the resident's mouth opened allowing the CNA to administer food. After each spoonful, the CNA (#2) scraped the excess food from Resident #2's lips and chin with the spoon, added more food to the spoon, and fed the mixture to the resident. The CNA (#2) used Resident #2's clothing protector to wipe her mouth and chin off. Observation on 08/11/10 at 8:15 a.m. and 12:15 p.m., showed Resident #2 being fed by a different CNA at each meal (#3 and #4) in the same manner as described above. After each spoonful, the CNAs (#3 and #4) scraped the excess food from Resident #2's lips and chin with the spoon, added more food to the spoon, and fed the mixture to the resident, again prying open the mouth with the spoonful of food. Observation on 08/12/10 at 8:20 a.m. and 12:00 p.m., showed Resident #2 being fed by a different CNA at each meal (#2 and #5) in the same manner as described above. After each spoonful, the CNAs (#2 and #5) scraped the excess food from Resident #2's lips and chin with the spoon, added more food, and fed the mixture to this resident. The CNA (#5) fed the resident using a spoon and used the clothing protector to wipe the excess food from the resident's chin and lips.	F 241	(See Exhibits #F241-A & F241-B) 3. Staff will be instructed to allow each resident to choose which type of napkin they prefer. In addition, staff will be educated on avoidance of day-to-day use of plastic cutlery and paper/plastic dishware, bibs instead of napkins, dining room conducive to pleasant dining, aides not yelling. 4. A Quality Assurance assessment tool has been devised to randomly monitor residents as they are fed. The facility will monitor adherence by nursing staff with the use of this QA tool. (See Exhibit #F241-C) 5. F241 dignity and dining education with nursing staff will be reviewed September 8, 2010. The QA tool will be completed by nursing staff in September 2010 and quarterly thereafter. Results of the QA will be reviewed at the quarterly Quality Assurance meeting tentatively scheduled for October 2010 and quarterly thereafter.	

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F 241	Continued From page 2 During an interview on the morning of 08/12/10, a nursing administrative staff member (#1) agreed scraping a resident's face during a meal is an unacceptable practice.	F 241		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of professional reference, and staff interview, the facility failed to implement adequate interventions to ensure 1 of 1 sampled resident (Resident #12) whose Minimum Data Set (MDS) identified a problem of constipation. Failure to provide nursing interventions in a timely manner resulted in the residents' continued problem with constipation. Findings include: Review of the facility policy titled "Bowel Protocol (Constipation)" occurred on 08/11/10. This undated policy, stated, "Policy . . . Nursing will be responsible to assess and add additional interventions to promote regular bowel movements. Procedure . . . 2 . . . Interventions may include natural laxatives such as water, prunes, prune juice, fiber added juice, benefiber powder, or other commercial soluble or insoluble	F 309	**F 309 Plan of Correction** It is Knife River Care Center's practice to provide the necessary care and services to attain or maintain, the highest practical physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. 1. According to KRCC's Bowel Protocol policy, "Nursing is responsible to assess and add additional interventions to promote regular bowel elimination pattern." In order to provide additional interventions for resident #12: a. Dr. Blacksmith wrote the following orders on 8/17/10 while making rounds. 1) Senna S one tablet daily, if BM less frequent than every 3 days, then give two tablets daily. 2) MOM 30 cc po at hs, if no BM X3 days, check for impaction; if impacted, disimpact and give mineral	09/16/10

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F 309	Continued From page 3 fiber additives, senna tea, bran cereals . . . fruitball. Other interventions may include, physician ordered medication or laxatives or enemas. 3. If the resident has not had a BM [bowel movement] for 2 days one intervention will be implemented and recorded on the specified roster. 4. If the resident has not had a BM for 3 days two interventions may be implemented and recorded on the specified roster. 5. If the resident has not had a BM for 4 days, further nursing assessment, intervention and documentation is necessary . . ." Lippincott, Williams, and Wilkins "Nursing 2009 Drug Handbook," Wolters Kluwer, page 762, regarding propoxyphene napsylate, a component in Darvocet, stated, "ADVERSE REACTIONS: . . . constipation . . ." Page 481, regarding ferrous sulfate, stated, "ADVERSE REACTIONS: . . . constipation . . ." Review of Resident #12's medical record occurred on August 11-12, 2010. Medical diagnoses included osteoarthritis and backache. Review of the quarterly MDS, dated 06/02/10, identified Resident #12 as having a problem with constipation. Review of Resident #12's daily medications included ferrous sulfate (iron) 324 milligrams (mg) daily and Darvocet N-100 (a narcotic used to treat mild to moderate pain) daily. Constipation is a potential side effect of both ferrous sulfate and Darvocet. Review of the medication administration record (MAR) identified Resident #12 received as needed (PRN) Darvocet five additional days in July. Review of Resident #12's bowel records from	F 309	oil enema as resident allows. (See Exhibits #F309-A1 and F309-A2) b. Nursing staff will monitor bowel status every shift and implement interventions according to KRCC's bowel protocol. (See Exhibit #F309-B) 2. The facility will identify other residents having the potential to be affected by bowel elimination pattern irregularities by continually monitoring each resident's bowel status and evaluating the need for additional interventions, such as natural laxatives or physician-ordered medications. 3. The facility has put into place the following measures and/or systemic changes to ensure that resident bowel status is monitored: a. Revision of KRCC's Bowel Protocol policy and Nursing Report sheet to assign responsibility and facilitate communication among nursing staff. (See Exhibit #F309-C)	

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F 309	Continued From page 4 June, July, and August 2010 showed the following: * A BM on 06/07/10 and 06/11/10 - no BM or interventions to promote a BM on June 8th, 9th, and 10th. Resident #12 received an enema on the 11th with results. * A BM on 06/11/10 and 06/16/10 - no BM or interventions to promote a BM on June 12th, 13th, 14th, or 15th. * A BM on 06/16/10 and 06/20/10 - no BM or interventions to promote a BM on June 17th, 18th, or 19th. * A BM on 06/25/10 and 06/30/10 - no BM on June 26th, 27th, 28th, or 29th. Resident #12 received prune juice and a fruitball on the 29th with results on the 30th. * A BM on 07/03/10 and on 07/08/10 - no BM on July 4th, 5th, 6th, 7th. Resident #12 received an enema on the 8th with results. * A BM on 07/13/10 and on 07/17/10 - no BM on July 14th, 15th, or 16th. Resident #12 received an enema on the 17th with results. * A BM on 07/22/10 and on 07/27/10 - no BM or interventions to promote a BM on July 23rd, 24th, 25th, or 26th. * A BM on 08/03/10 and 08/08/10 - no BM on August 4th, 5th, 6th, or 7th. Resident #12 received an enema on the 7th with results on the 8th. Review of Resident #12's nurse's notes showed the following: * 08/06/10 at 9:30 p.m. - "has had emesis x 2 [twice] this evening . . ." * 08/07/10 at 8:00 a.m. - ". . . [no] BM x [for] 4 days. enema given . . ." * 08/07/10 at 1:00 p.m. - "[no] results from enema, prune juice given." * 08/07/10 at 2:30 p.m. - "smearing brown stool.	F 309	b. If a Charge Nurse identifies a pattern of bowel irregularity, the attending physician will be contacted for review of medication regimen. 4. Education on the revisions of the Bowel Protocol policy will be reviewed with nursing staff. The Bowel Protocol policy will be posted in the Medication Rooms on each neighborhood, and licensed Nursing staff will sign and date that they have reviewed the policy. The facility will monitor nursing staff adherence to the bowel protocol policy by use of a QA tool. (See Exhibit #F309-D) 5. The Bowel Protocol policy revisions will be reviewed with nursing staff September 8, 2010. The QA tool will be completed by RNs, LPNs, and Nurse Managers in September 2010 and quarterly thereafter. Results of the QA will be reviewed at the quarterly Quality Assurance Meeting tentatively scheduled for October 2010 and quarterly thereafter.	

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F 309	Continued From page 5 Will monitor." During an interview on 08/12/10 at 12:30 p.m., a nurse manager (#9) stated she expected nursing staff to try other interventions to promote a BM prior to administering an enema. Failure of facility staff to follow their bowel protocol for Resident #12 resulted in seven incidents of constipation without interventions in a timely manner. Four of the seven incidents resulted in nursing staff administering an enema prior to trying any less invasive interventions.	F 309		