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 _____	C 09/10/2014

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 complaint investigation, conducted September 10, 2014, the sample included five (5) current residents for review.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	**Plan of Correction F157** 1. Family was notified of discontinued medication, but not in a timely manner. 2. The facility has determined that all residents have the potential to be affected 3. An in-service education program will be conducted by the Director of Nursing Services on September 30, 2014, with all licensed staff addressing circumstances that require notification of the resident's physician, legal representative or family member. 4. The Director of Nursing Services, or designee, will conduct a random audit of residents weekly for four (4)	10/3/2014

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

Matt Anderson — ADMINISTRATOR — 09-29-14

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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F 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on information provided to the Division, record review, review of facility policy, and staff interview, the facility failed to notify family members for 1 of 1 sampled resident (Resident #2) whose physician made changes to her psychoactive medication orders. Failure to notify the family members does not allow them the opportunity to provide input and/or consent to the resident's treatment plan. Findings include: Review of the facility policy "Guidelines for Psychoactive Medication Monitoring" occurred on 09/10/14. The policy, dated July 2014, stated, ". . . Any noted concerns with psychoactive medications or recommendations are communicated to the resident's physician and family as they arise for further orders or evaluation by psychiatrist. . . ." Information provided to the Division indicated the facility failed to notify family members when Resident #2's physician made changes to her psychoactive medication orders. Resident #2's medical record, reviewed on all days of survey, identified diagnoses including dementia. The annual Minimum Data Set, dated 07/31/14, identified severely impaired cognition, psychosis, and behaviors. The progress notes identified the following: * 01/29/14, ". . . HS [hour of sleep] seroquel [an anti-psychotic] discontinued. . . ." * 06/14/14, "New orders received from	F 157	consecutive weeks, monthly for 3 months, quarterly for 3 quarters to ensure family was notified of changes. Findings of this audit will be discussed with the Resident Council. This plan of correction will be monitored at regular QAPI meetings until such time consistent substantial compliance has been met.	

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F 157	Continued From page 2	F 157		

[psychiatric physician]. Changed Seroquel to 12.5 mg PO [orally] [at] 4:00 p.m. and Seroquel 25 mg po QHS [every hour of sleep].
* 06/24/14, "Received order to change Seroquel to 25 mg po at 4:00 p.m. and Seroquel 12.5 mg at HS."

The physician's order, dated 07/07/14, also identified, "Seroquel 25 mg tablet po BID [twice daily]." This specific physician's order was not addressed in the progress notes.

During an interview on 09/10/14 at 3:30 p.m., when asked if/when families are notified if a physician makes a change to a resident's medications, a managerial nurse (#1) stated, "if it is a new medication or a discontinued medication." An administrative nurse (#2) verified the facility did not notify the family the physician discontinued Resident #2's medication on 01/29/14.

The medical record lacked evidence facility staff informed Resident #2's family when her physicians made changes to her psychoactive medications.