STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING _____ B. WING _____	01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST HEALTH CARE CENTER	3400 NEBRASKA DRIVE BISMARCK, ND 58503

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey, started on 01/06/14 and completed on 01/09/14, the sample included 5 residents for complete review, 16 residents for focused review, and 3 closed records for review.	F 000	F 241 #1 Resident #15 nurses, CMA's & CNA's re-educated on appropriate & timely response to resident's needs.	
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, record review, staff interview, and resident interview, the facility failed to ensure staff responded in a timely manner to 1 of 1 resident (Resident #15) requesting assistance to the bathroom. Failure to provide personal care with dignity and respect does not recognize the individuality or enhance the quality of life of residents. - During observation of medication pass, on 01/07/14 at 8:00 a.m., a medication aide (MA) (#17) responded to Resident #15's yelling from her room. The resident requested the MA assist her to the bathroom right away, and also reported she had increased back and left foot/leg pain. The MA proceeded to dish up the resident's morning medications, which included a scheduled pain pill, obtained two Lidoderm pain patches, and told the resident to take her medications. The resident stated that she needed to go to the bathroom "now" before she would do anything	F 241	#2 All Nurses, CMA's and CNA's re-educated on appropriate, timely response to resident needs. #3 Review and revision of policy titled "Standard Cares". Nurses, CMA's and CNA's will be educated regarding the revised policy. #4 On or before February 14, 2014 #5 Quality Director or designee will monitor staff for appropriate response to resident's needs weekly	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linquist Rennie — TITLE: Administrator — (X6) DATE: 2/4/14

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 241	Continued From page 1 else. The MA stated, "I will not be the one to take you to the bathroom. Take your medications first." The resident took the medications dropping one medication on the floor. The MA disposed of that medication, administered a replacement, and applied the Lidoderm patches to the resident's back. At that point the resident stated, "You don't listen to me. You don't care what I want. I have to go now. Why can't you take me to the bathroom?" The MA stated, "I have other jobs that I do." The MA then exited the room and called another staff member to assist Resident #15. Review of Resident #15's medical record occurred from January 7-9, 2014. Review of Resident #15's quarterly Minimum Data Set dated 10/21/13 noted intact cognitive/mental status and frequently incontinent of urine. During an interview on 01/08/14 at 3:45 p.m., Resident #15 stated she pushes the call light when she needs to go to the bathroom and sometimes must wait "awhile" for staff to answer. During an interview on 01/09/14 at 10:45 a.m., a nurse manager (#5) agreed the MA should not have spoken to the resident in that manner and should have called for a certified nursing assistant at the time the resident first requested toileting.	F 241	F 241 (cont) x4 and monthly x2. Results will be immediately communicated to the Director of Nursing. If concerns are identified immediate corrective action will be implemented. The Quality Director will submit a report of the QA monitoring to the QA committee at each scheduled meeting and necessity of further monitoring will be determined.	
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	F 309		

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F 309	Continued From page 2 and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of policies/procedures, and staff interview, the facility failed to ensure staff applied the appropriate sized topical dressing and followed proper repositioning techniques for 1 of 1 resident (Resident #12) with Moisture Associated Skin Damage (MASD). Failure to provide appropriate care may cause further skin breakdown, pain, and decrease the resident's quality of life and well-being. Findings include: Review of the facility policy titled "Skin Care policy" occurred on 01/09/14. This policy, revised December 2013, stated, ". . . 3. Moisture Associated Skin Damage (MASD): . . . May cover with foam dressing or other appropriate dressing as indicated by size and degree of wound." - Review of Resident #12's medical record occurred on all days of survey. Review of interdisciplinary progress notes identified: * 07/04/13 Sacral mild excoriation * 09/04/13 No open areas * 09/18/13 Sacral slightly red, no open areas * 10/02/13 Red between buttocks, no open areas * 11/06/13 Skin assess. Sacral red. Refuses calmoseptine * 12/04/13 Increased pink buttocks * 12/26/13 Buttocks red * 12/30/13 (Monday) MASD. Red on right buttock 6 centimeter (cm) by 6 cm with an open area in	F 309	F 309 #1 Resident #12's nurses educated on appropriate wound dressing size selection. Resident #12's nurses, CNA's and CMA's educated on appropriate bed position while repositioning residents in bed. #2 All nurses will be re-educated on appropriate wound dressing size selection. All nurses, CMA's, and CNA's will be re-educated on importance of placing bed in the flat position (as resident tolerates) when repositioning a resident in bed. #3 Current policies titled "Standard Cares" and "Skin Care" will be reviewed and revised. Nurses, CMA's and CNA's will be re-educated.	

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F 309	Continued From page 3 the middle measuring 2.5 cm by 2.5 cm. Calmoseptine was applied. * 12/31/13 (Tuesday) Skin assessment stated same as 12/30/13. * 01/07/14 (Tuesday) Started Mepilex dressing to right buttock area on 01/04/14. Review of Resident #12's quarterly Minimum Data Set (MDS) dated 12/10/13 noted a moderately impaired cognitive/mental status; total assist of two for transfer, dressing, and hygiene; daily pain noted by non-verbal, vocal, and expression; and always incontinent. MASD was not coded on this MDS or the annual MDS, dated 08/14/13. Review of Resident #12's current care plan noted problems/concerns with MASD (history and current) in the buttocks area (reposition every 2 hours), incontinence (check and change every 2 hours and as needed), chronic pain, behaviors of refusing cares, refusing repositioning, a history of scratching the coccyx area, and removing treatments to that area. Review of Resident #12's January 2014 treatment record identified an order on 01/04/14 for Mepilex dressing to the buttock, twice weekly on bath days and as needed (PRN), and an assessment of the area every Thursday. Review of the January 2014 medication administration record indicated medications for pain included vicoprofen twice daily and a fentanyl patch 50 mcg every 72 hours. Staff did not administer any PRN pain medications from January 01-08, 2014. During an observation on 01/06/14 at 4:45 p.m., a staff nurse (#13) changed the 7.5 x 7.5 cm Mepilex dressing to Resident 12's right buttock	F 309	F 309 (cont) All residents with wound dressings will be assessed by the Clinical Coordinator for appropriate dressing selection. All nurses will be educated regarding "Skin Care" policy and all nursing staff will be educated on "Standard Cares" policy. #4 On or before February 14, 2013 #5 Quality Director or designee will monitor compliance weekly x4 and monthly x2. Results will be immediately communicated to the Director of Nursing. If concerns are identified immediate corrective action will be implemented. The Quality Director will submit a report of the QA monitoring to the QA committee at each scheduled meeting and necessity of further monitoring will be determined.	

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F 309	Continued From page 4 due to bowel incontinence and soiling of the dressing. With the head of the bed elevated at 45 degrees, a certified nursing assistant (CNA) (#14) rolled the resident onto his right side and supported the resident while the staff nurse cleansed the area with wet wipes and changed the Mepilex dressing. Observation showed the area red and bleeding as the staff nurse wiped it with a wet wash cloth. During the care, the resident said, "Ow, ow. Stop. That hurts. No more." The staff nurse explained to the resident the importance of cleansing the area. When the staff nurse applied the Mepilex dressing, it did not cover the entire reddened area, resulting in adhesive covering a portion of the reddened area. Two CNAs (#14 and #15) then lifted the resident up in bed, using the draw sheet. The CNAs failed to lower the bed prior to the repositioning to prevent shearing and friction. During an observation on 01/07/14 at 11:10 a.m., an unidentified hospice nurse changed the dressing to the resident's right buttock. The nurse placed two 7.5 x 7.5 cm Mepilex dressings to cover the entire affected area which resulted in adhesive being placed onto the reddened skin. The nurse stated a larger Mepilex dressing would be needed for future dressing changes. When the nurse asked the resident if the area was painful, the resident stated, "Yes, when touched." During an interview on 01/09/14 at 10:45 a.m., a nurse manager (#6) stated all staff were trained on proper resident repositioning during orientation. The CNAs should have lowered the head of the bed before repositioning, if the resident agreed to have it lowered. The nurse manager stated the facility stocks only "small" Mepilex dressings, and nursing would need to	F 309		

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F 309	Continued From page 5 request an order for a larger dressing. The facility failed to provide the appropriate size of dressing to prevent further skin breakdown and pain during dressing changes. Staff failed to lower the head of the bed before repositioning to prevent further skin breakdown and pain.	F 309	F 425 #1 Resident #15 nurses and CMA's educated on the importance of Lidoderm transdermal medication delivery patches being applied and removed at the time interval specified per physician order. #2 All nurses and CMA's will be educated on the importance of Lidoderm transdermal medication delivery patches being applied and removed at the time interval specified per physician order. #3 All residents who are prescribed a Lidoderm transdermal medication delivery patch will be assessed for appropriate application and removal with time interval specified per physician order. Review and revision of policy titled "Medication Administration and Documentation". All nursing staff will be in-serviced on "Medication	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 1 of 1 resident (Resident #15) observed during medication administration had documentation on	F 425		

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F 425	Continued From page 6 the medication administration record (MAR) of receiving/removing a pain patch within the physician ordered timeframe. Failure to follow physician's orders for specific time frames may result in ineffective pain control. Findings include: During observation of medication administration, on 01/07/14 at 8:00 a.m., a medication aide (MA) placed two Lidoderm (lidocaine) 5% patches on Resident #15's back. Review of Resident #15's January 2014 MAR showed an entry for "Lidoderm (lidocaine) Adhesive Patch, Medicated: 5% (700 mg[milligram]/patch); Amount to Administer: 2 patches; Topical ON/AM [morning], OFF/HS [bedtime]. On for 12 hours, off for 12 hours; place one patch on each side of spine." There were no specific times noted on the MAR for administering or removing the patches. Review of Resident #15's current physician's orders stated, "Lidoderm (lidocaine) Adhesive Patch, Medicated; 5% (700 mg/patch); amt [amount]: 2 patch; Topical. Special Instructions: patch to be on 12 hours and off 12 hours, place one patch on each side of spine. Once A Day; 08:00." During an interview on 01/08/14 at 10:00 a.m., a nurse manager (#5) agreed the MAR should identify a specific time for the Lidoderm patch administration and removal to comply with the physician's order.	F 425	F425 (cont) Administration and Documentation" policy. #4 On or before February 14, 2014. #5 Quality Director or designee will monitor for compliance with "Medication Administration and Documentation" policy weekly x4 and monthly x2. Results will be communicated immediately to the Director of Nursing. If concerns are identified immediate corrective action will be implemented. The Quality Director will submit a report of the QA monitoring to the QA committee at each scheduled meeting and necessity of further monitoring will be determined.	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		

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F 441	Continued From page 7 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	F 441 #1 Residents #2, 3, 10, 12, and 19 nurses, CNA's and CMA's re-educated on hand hygiene and prevention of the spread of infection. #2 All staff will be re-educated on hand hygiene and prevention of the spread of infection. #3 Review and if necessary, revision of policy titled "Hand Hygiene". Addition of "Hand Hygiene" module to Health Care Academy computer based education program, which staff must complete upon hire and at least annually. #4 On or before February 14, 2014 #5 Quality Director or designee will monitor hand hygiene weekly x4 and monthly x2. Results will be	

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F 441	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation, review of policies/procedures, and staff interview, the facility failed to ensure staff performed proper hand hygiene for 5 of 12 sampled residents (Resident #2, #3, #10, #12, and #19) observed during perineal care; and failed to ensure proper storage of resident mechanical lift slings in 1 of 6 resident neighborhoods (Prairie View). Failure to follow infection control practices related to hand hygiene, glove usage and proper handling of resident care items has the potential to result in the spread of infection to other residents, family, visitors, and staff. Findings include: Review of the facility policy titled "Hand Hygiene" occurred on 01/09/14. This policy, dated 2013, stated, " . . . Procedure: . . . 3. When to perform hand hygiene: . . . b. . . . Before and after direct resident contact . . . g. Before and after assisting a resident with personal care . . . m. Before and after assisting a resident with toileting . . . p. After contact with a resident's . . . body fluids or excretions . . . t. After removing gloves . . . " - Observation on 01/06/14 from 4:40 p.m. to 5:08 p.m. showed a staff nurse (#13) entered Resident 12's room and found the fingers on his left hand were visibly soiled with stool. The nurse put on gloves and cleansed the resident's hands with wet wipes. A certified nursing assistant (CNA) (#14) entered the room to assist with changing the resident's soiled brief. The CNA turned the resident on his right side, and the staff nurse (#13) with clean gloves used wet wipes to clean the perineal area. During that time the staff	F 441	F 441 (cont) communicated immediately to the Director of Nursing. If concerns are identified immediate corrective action will be implemented. The Quality Director will submit a report of the QA monitoring to the QA committee at each scheduled meeting and necessity of further monitoring will be determined.	

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F 441	Continued From page 9	F 441		

nurse's name badge hanging from her stethoscope touched the soiled sheets, and then with the soiled gloves she moved the keys dangling around her left armband out of the way. After the staff nurse had completed the perineal care, she took off her soiled gloves. Without performing hand hygiene the staff nurse held the resident's hands away from the soiled linen, searched through the resident's dresser for a clean shirt, took out a clean white t-shirt, pulled up her uniform sleeves, took a walkie-talkie from her uniform pocket to call for clean sheets then placed it into her arm band, put the clean t-shirt on the resident, and picked up the resident's water container to offer him a drink. The staff nurse then washed her hands at the sink before leaving the room. The staff nurse (#13) failed to perform hand hygiene after perineal care and prior to completing other tasks.

- Observation on all days of survey in the Prairie View neighborhood showed a stack of four to five lift slings laying on the floor in a corner where the mechanical lifts were stored.

During an interview on 01/09/14 at 10:45 a.m., a nurse manager (#6) stated staff are to store the lift slings on the lifts or in a cupboard and not on the floor.

- Observation on 01/07/14 at 9:30 a.m. showed two CNAs (#3 and #4) changed Resident #10's brief wet with urine as the resident lay in bed. Observation showed visible stool on the wet wipe. After completing perineal care, before removing gloves, the CNA (#3) assisted putting on Resident #10's pants and shirt. After removing her gloves, the CNA adjusted the resident's pillow, covered the resident with a blanket, and collected the

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F 441	Continued From page 10 garbage. The CNA (#3) failed to perform hand hygiene after perineal care and prior to completing other tasks. - Observation on 01/06/14 at 4:25 p.m., showed CNA (#16) assisted Resident #3 onto toilet. While wearing gloves, the CNA assisted the resident to sit on the toilet, removed the brief wet with urine, performed perineal cares, removed her gloves and applied a clean brief. The CNA assisted Resident #3 back to the wheelchair, combed her hair and put on her glasses. The CNA (#16) then picked up the garbage bag and went to the door to leave the room, stopped and performed hand hygiene using an alcohol based hand rub. The CNA (#16) failed to perform hand hygiene after perineal care and prior to completing other tasks. Observation on 01/08/14 at 9:40 a.m., showed a CNA (#2) assisted Resident #3 onto the toilet. While wearing gloves, the CNA removed the brief wet with urine and went to dispose of the brief in the garbage can, but the bathroom lacked a garbage can. The CNA, while still holding the brief opened the door to the bathroom and obtained the garbage can from the resident's room. Wearing the same gloves, the CNA performed perineal care, then removed her gloves, and helped Resident #3 into the wheelchair. The CNA then assisted the resident back into bed. The CNA (#2) bagged the garbage, left the room, and disposed of the garbage in the trash room. After disposing of the garbage, the CNA performed hand hygiene using an alcohol based hand rub. The CNA (#2) failed to perform hand hygiene after perineal care and prior to completing other tasks. - Observation on 01/08/14 at 9:55 a.m., showed a	F 441		

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BAPTIST HEALTH CARE CENTER	3400 NEBRASKA DRIVE BISMARCK, ND 58503

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F 441	Continued From page 11 CNA (#2) assisting Resident #2 onto the toilet. While wearing gloves, the CNA checked the resident's brief, performed perineal cares and removed her gloves. The CNA assisted Resident #2 back to her recliner, gave the resident a drink of water, put her feet up, gave her the call light and the CNA performed hand hygiene using an alcohol based hand rub prior to exiting the room. The CNA (#2) failed to perform hand hygiene after perineal care and prior to completing other tasks. - Observation on 01/08/14 at 4:20 p.m. showed Resident #19 resting in bed. Two CNAs (#1 and #2) checked the resident's brief and found it wet with urine. The CNA (#2) removed the brief, provided perineal care, placed a new brief, and applied Calmazine ointment to the resident's reddened inner thighs, removed her gloves and without performing hand hygiene, the CNA (#2) and assisted with placing a lift sling under the resident. The CNAs (#1 and #2) transferred Resident #19 to her chair using a Hoyer lift. While one CNA (#1) washed her hands, the other CNA (#2) tucked the lift sling under the resident, combed her hair, made the bed, sprayed cologne on the resident, and bagged the garbage. The CNA (#2) left the room and disposed of the garbage in the trash room, then performed hand hygiene using an alcohol based hand rub. An interview occurred on 01/09/14 at 10:30 a.m. and an administrative nursing staff member (#5) stated once staff ensure the resident is safe, she expected staff to perform hand hygiene after providing perineal care.	F 441		
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL	F 465		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355058	A. BUILDING _____ B. WING _____	01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 465	Continued From page 12 E ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of facility policy, the facility failed to ensure a safe environment on 4 of 6 neighborhoods (Morning Star, Northern Lights, Western Sky, and Wild Rose) when staff could not identify the location of, or operate emergency equipment. This failure placed residents at risk for choking and/or respiratory distress if staff could not locate or operate the emergency suction machine and could not locate the emergency oxygen. Findings include: Review of the facility policy titled "Emergency Measures" occurred in 01/09/14. This policy, dated November 2013, stated, " . . . Emergency Supplies . . . 2. Small oxygen tank - on crash cart in work room on Wild Rose and Western Skies. 3. Suction machine in dinning rooms and on crash cart located in Wild Rose and Western Skies. . . ." Observation of the medication room on Northern Lights neighborhood occurred on 01/08/14 at 9:25 a.m. with a nursing staff member (#8). When asked to see the storage of emergency oxygen and the suction machine, the nursing staff member (#8) stated she did not know where they were and would have to ask the manager.	F 465	F 465 #1 Staff on Morning Star, Northern Lights, Western Skies and Wild Rose educated on the location of the crash cart (emergency oxygen supply) and the location and proper operation of the suction machines. #2 All nursing staff re-educated on the location of the crash cart (emergency oxygen supply) and the location and proper operation of suction machines. #3 Review and if necessary, revision of policy titled "Emergency Measures"; review and if necessary, revision of nurse orientation checklist. All nursing staff will be re-educated on the policy "Emergency Measures" and on the nurse orientation checklist.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 465	Continued From page 13 Observation of the medication room on Western Sky neighborhood occurred on 01/08/14 at 9:40 a.m. with a nursing staff member (#9). When asked to see the storage of emergency oxygen, this nurse asked an administrative staff member (#10) the location of emergency oxygen. Observation of the suction machine on Morning Star neighborhood occurred on 01/08/14 at 9:55 a.m. with a nursing staff member (#11). Observation showed this nurse connected the tubing and turned on the machine. The machine did not produce suction. The nurse rechecked the connections and still did not have suction. After approximately two minutes, the nursing staff member (#8) required guidance to adjust the regulator dial of the suction machine to produce sufficient suction. Observation of the suction machine on Wild Rose neighborhood occurred on 01/08/14 at 10:15 a.m. with a nursing staff member (#12). Observation showed this nurse connected the tubing and turned on the machine. The machine did not produce suction. The nurse rechecked the connections and still did not have suction. After approximately two minutes, the nursing staff member (#12) required guidance to adjust the regulator dial of the suction machine to produce sufficient suction. During an interview on the afternoon of 01/08/14, an administrative nurse (#5) confirmed nursing staff need to know the location of the emergency oxygen and the location and proper use of the suction machine.	F 465	F 465 (cont) #4 On or before February 14, 2014 #5 Quality Director or designee will monitor ~~compliance with hand hygiene~~ weekly x4 and monthly x2. Results will be communicated immediately to the Director of Nursing. If concerns are identified immediate corrective action will be implemented. The Quality Director will submit a report of the QA monitoring to the QA committee at each scheduled meeting and necessity of further monitoring will be determined.	T.C. Ber Peterson Dow 2/11/14