STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8081	A. BUILDING _____ B. WING _____	09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD VISTA AT EDGEWOOD VILLAGE	3124 COLORADO LANE BISMARCK, ND 58503

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the announced licensure survey started on September 19, 2016 and completed on September 20, 2016, the sample included five residents for complete review and one closed record for review. In addition, the sample included three supplemental residents to verify specific concerns during the survey. A Tier I finding was identified and attested as corrected at B927. Tier II citations included B1220 and B1320.	B 000		
B1220	33-03-24.1-12,2 RESIDENT ASSESSMENTS/CARE PLANS 2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: a. A review of health, psychosocial, functional, nutritional, and activity status. b. Personal care and other needs. c. Health needs. d. The capability of self-preservation. e. Specific social and activity interests. This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to reflect the residents' capability of self-preservation in the care plan for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and	B1220	B1220 Residents #1, #2. #3, #4, #5 have been reviewed and corrected on 9/23/2016. All residents had a chart audit completed on. All corrections needed regarding self-preservation where made to the care plan at that time Nursing staff was educated on the assessments/documentation needed in the chart and care plan in regards to self-preservation needs. Education was completed on 9/20/2016 and again on 9/26/2016. This will be completed annually thereafter. This will continue to be audited by the Clinical Services Director or designee quarterly for the next year and become a QA monitor for 2016-2017	9/23/16 9/23/16 9/26/16

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B1220	Continued From page 1 #5) reviewed. Failure to care plan residents' capability of self-preservation may result in slower evacuation during an emergency situation. Findings include: - Review of Resident #1, #2, #3, #4, and #5's records occurred on all days of survey. The facility failed to identify the residents' capability of self-preservation in their care plans. During an interview on 09/20/16 at 10:30 a.m., an administrative staff member (#1) stated the facility assessed the residents' capability of self-preservation quarterly when completing their evacuation assistance score. The staff member (#1) confirmed staff failed to care plan the results of these assessments to identify the residents' capability of self-preservation.	B1220		
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note. d. A copy of an initial and current assessment and care plan.	B1320		

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B1320	Continued From page 2 e. Documentation of resident observations by authorized staff. f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs. h. Documentation of review of prescribed diets. i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts. k. Documentation of an annual medication regimen review. l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund. m. Documentation of a fire drill walk-through within five days of admission. n. All agreements or contracts entered into between the facility and the resident or legal	B1320		

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B1320	Continued From page 3 representative. o. A discharge note. This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to identify a dentist for 3 of 5 sampled residents' (Resident #1, #3 and #4) records reviewed. Failure to identify the residents' choice/preference for a dentist may cause a delay in care if a need arises. Findings include: - Review of Resident #1, #3 and #4's records occurred on all days of survey. The facility failed to identify the residents' choice/preference for a dentist in each residents' record. During an interview on the afternoon of 09/20/16, an administrative staff member (#1) confirmed the records failed to identify the residents' dentists.	B1320	B1320 Residents #1, #3 and #4 were interviewed for their preference of a dentist and their face sheet was updated on. All resident charts will be audited to include a choice of a dentist and will have this listed on the face sheet. Education presented to all the nursing staff on the requirement for a dentist to be on the face sheet. The application for move in has been modified to include a request for this information Each admission will be audited by the Clinical Services Director or designee for the next year and become a QA monitor for 2016-2017	10/3/16 10/7/16 9/26/16 9/23/16.