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 _____	C 11/16/2021

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

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B 000	INITIAL COMMENTS An unannounced on-site complaint investigation survey was completed on 11/16/21. Some of the concerns identified by the complainants were substantiated and some were not.	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 information received from the complainant, record review, policy review, and staff interview, the facility failed to adequately assess the individual needs/problems of 1 of 2 sampled residents (Resident #2) reviewed with weight loss. Failure to assess and implement interventions to address weight loss resulted in significant weight loss and placed the resident at risk for continued weight loss and alteration in overall health status. Findings include:	B1220		

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B1220	Continued From page 1 Information received from a complainant concerned the facility's lack of care regarding poor nutritional status and weight loss of a resident. Review of the facility policy titled "Diet/Nutrition/Hydration" occurred on 11/16/21. This policy, dated August 2020, stated, ". . . Appropriate staff will evaluate to identify significant changes in nutrition/hydration status and review the effectiveness of any current plan to promote good nutrition/hydration . . . The following steps for evaluation to determine each resident's specific nutrition and hydration needs. . . . D. Staff will conduct other evaluations . . . after new or continuing nutrition/hydration needs are identified for a resident; and each evaluation will result in an update related to nutrition/hydration for the Service Plan/Care Plan, and other documentation as applicable. . . . See Appendix B for the Nutrition Protocol - Weight Loss." Review of the facility policy titled "Nutrition Protocol - Weight Loss" occurred on 11/16/21. This policy, revised August 2019, stated, "For residents who experience a weight loss of more than 5 pounds in a 30 day time frame or a 5 pound deviation from the resident's baseline, the following protocol will be implemented. MEALS: (Check all that apply) [Six options are listed]. SNACKS: (Check all that apply) Snacks are offered 3 times per day, and recorded on the MAR [Medication Administration Record]. [Six options are listed]. Nutritional Supplements - Gain approval . . . prior to ordering." Review of Resident #2's medical record occurred on 11/16/21. Diagnoses included mild cognitive impairment and unintentional weight loss.	B1220		

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B1220	Continued From page 2 Resident #2's current care plan identified the resident's diet as "Regular Diet" and listed activity of daily living (ADL) needs related to eating/dietary - "Appetite -- Good" and eating needs/feeding - "Independent - no help needed to eat." Resident #2's weights are as follows: 02/03/21 = 160.2 pounds (lbs) 06/03/21 = 157.9 lbs 07/03/21 = 143.6 lbs [9.06% loss in 30 days] 10/03/21 = 147 lbs 11/03/21 = 125 lbs [14.97% loss in 30 days and 21.97% loss in 9 months Quarterly nursing assessments, dated 07/30/21 and 10/29/21 mirrored the care plan regarding the resident's good appetite and independent eating ability. The assessments failed to address the resident's 14.3 pound weight loss in one month from June to July or the 22 pound weight loss from October to November (or 35.2 pound loss from February to October). During an interview on 11/16/21 at 5:00 p.m., a nurse manager (#1) stated when the facility noted weight loss, they start a resident on the Nutrition Protocol including supplements and high protein snacks. The facility failed to add any interventions from the Nutrition Protocol with the resident's continued weight loss. Failure to implement interventions to address Resident #2's weight loss in July and failure to reassess the resident's nutritional status and provide timely interventions may have contributed to Resident #2's continued significant weight loss in November.	B1220		

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B1240	Continued From page 3	B1240		
B1240	33-03-24.1-12,4 RESIDENT ASSESSMENTS/CARE PLANS 4. The care plan must be updated as needed, but no less than quarterly. This state licensing rule is not met as evidenced by: Based on record review, facility policy review, and staff interview, the facility failed to ensure the care plan reflected the resident's current status for 1 of 2 sampled residents' (Resident #2) reviewed for weight loss. Failure to review and revise the care plan limited staff's ability to meet the resident's current care needs. Findings include: Review of the facility policy titled "Diet/Nutrition/Hydration" occurred on 11/16/21. This policy, dated August 2020, stated, ". . . Appropriate staff will evaluate to identify significant changes in nutrition/hydration status and review the effectiveness of any current plan . . . D. Staff will conduct other evaluations . . . after new or continuing nutrition/hydration needs are identified for a resident; and each evaluation will result in an update related to nutrition/hydration for the Service Plan/Care Plan . . ." Review of Resident #2's medical record occurred on 11/16/21. Diagnoses included mild cognitive impairment and unintentional weight loss. Resident #2 experienced a 9.06% weight loss from June to July 2021 and a 14.97% loss from October to November 2021, with a cumulative significant loss of 21.97% from February to November 2021. See B1220. Resident #2's current care plan identified the	B1240		

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B1240	Continued From page 4 resident's diet as "Regular Diet" and listed activity of daily living (ADL) needs related to eating/dietary - "Appetite -- Good" and eating needs/feeding - "Independent - no help needed to eat." The care plan lacked a problem related to weight loss or any interventions to address Resident #2's continued weight loss. During an interview on 11/16/21 at 5:00 p.m., a nurse manager (#1) agreed the facility should have addressed weight loss on Resident #2's care plan.	B1240		
B1510	33-03-24.1-15,1 PHARMACY/MED ADM SERVICES 1. The facility shall provide assistance to the resident in obtaining necessary medications and medical supplies. This state licensing rule is not met as evidenced by: Based on information received from the complainant, record review, and review of facility policy, the facility failed to provide assistance in obtaining necessary medications for 1 of 4 sampled residents (Resident #2) reviewed. Failure to obtain and ensure residents received medications as ordered may lead to inadequate pain control or other adverse effects. Findings include: Information received from complainants identified the facility failed to obtain and/or administer medications on time.	B1510		

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B1510	Continued From page 5	B1510		

Review of the facility policy titled "Medication Errors and Reporting" occurred on 11/16/21. This policy, dated August 2020, stated, ". . . A medication error is any preventable event that may cause or lead to inappropriate medication use or resident harm . . . Omission Error: Failure to administer an ordered dose, excluding resident refusal. . . ."

Review of Resident #2's medical record occurred on 11/16/21. Diagnoses included hypertension (high blood pressure), overactive bladder, and multiple types of pain, including chronic back pain. The current care plan included ". . . Cardiac Function: Elevated BP [blood pressure] . . . Pain: Pain Frequency - Constant pain . . . Hydrocodone/Acetaminophen for pain . . ." Resident #2's July and October 2021 quarterly nursing assessments identified "constant pain."

Review of Resident #2's 2021 Medication Administration Records (MARs) showed the facility failed to provide the resident with the following doses of medications:
* Hydrocodone/Acetaminophen (narcotic pain medicine) 10/325 milligrams (mg) one-half tablet twice a day in the morning and at lunch:
- March 6-8: all six doses missed, due to "med not available or Dr [doctor] didn't send script."
- March 23: the lunch dose skipped due to the "first med [morning dose] given late."
* Hydrocodone/Acetaminophen 10/325 mg one tablet once a day with supper and at bedtime:
- March 7: one dose missed at 5 p.m. as "none available"
* Hydrocodone/Acetaminophen 10/325 mg one tablet four times a day:
- June 9: two doses missed as "Medication not available."
- June 22: one dose missed at 5:00 p.m. as

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B1510	Continued From page 6 "switched to oxycodone." [oxycodone/acetaminophen (narcotic pain medication) started 10:00 p.m.] * Oxycodone/Acetaminophen 7.5/325 mg one tablet four times a day: - October 23: one dose missed as "not given." - November 3: one dose missed as "too close to next dose." * Carvedilol (treats heart failure and hypertension) 3.125 mg one tablet twice a day: - October 23: one dose missed, "not given." * Solifenacin (treats overactive bladder) 10 mg one tablet every night: - November 11: one dose missed as "medication not available." The facility failed to ensure the availability of and provide Resident #2 in the past nine months with 13 doses of narcotic pain medication, one dose of Carvedilol, and one dose of Solifenacin leading to potential adverse consequences.	B1510		