North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8101	A. BUILDING: _____ B. WING _____	C 03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE VIEW	4217 MONTREAL ST 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
B1220	Continued From page 1 Review of the facility policy titled "Resident Elopement Policy" occurred on 03/22/23. This undated policy stated, "An evaluation process is done upon admission of all new residents. This includes a risk assessment of elopement. . . ." - Review of Resident #1's medical record identified an admission date of 09/21/21 and failed to contain an admission risk assessment of elopement. - Review of Resident #2's medical record identified an admission date of 11/11/19 and failed to contain an admission risk assessment of elopement. During an interview on the afternoon of 03/22/23, administrative staff members (#1 and #2) confirmed the facility failed to complete an admission risk assessment of elopement for Resident #1 and #2. The staff members indicated they do not assess elopement risks for any residents upon admission.	B1220	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it. **B 1220** The corrective action will be: the Resident Elopement policy has been revised and updated. The Initial Medical/Physical Assessment and History has been updated and revised to include elopement assessment upon admission. The revised policy and form will be used for all residents admitted to the facility to ensure no other residents will be negatively affected by this deficient practice. The deficiency will be corrected by implementation of the updated policy and assessment form. An elopement risk assessment as on the initial assessment form will be completed on resident #1 and resident #2 for corrective action. An elopement risk assessment as on the initial assessment form will be completed for all residents currently residing at the facility to identify the other residents having potential to be affected. Education to the staff responsible will be completed by the nurse manager. This education was completed by 5/1/23.	5/1/23

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B 000	INITIAL COMMENTS For the unannounced complaint survey, started on 03/21/22 and completed on 03/21/23, the sample included 2 residents for complete review. Tier II citation included B1210.	B 000	The facility director will monitor the corrective action for this deficiency plan of correction. Monitoring will be done 2x month for a minimum of 6 months to ensure an understanding of this corrective action is sufficient and the new form(s) and policy is being followed. The date of correction will be no later than May 5, 2023.	
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, review of facility policy, and staff interview, the facility failed to complete an admission risk assessment of elopement for 2 of 2 sampled residents (Resident #1 and #2) who eloped from the facility. Failure to complete an admission risk assessment may affect the facility's ability to adequately prepare for a resident's elopement. Findings include:	B1220		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dana Chorneau, Facility Director — TITLE — (X6) DATE: 5/1/23