STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING _____ B. WING _____	C 07/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	**2425 HILLVIEW AVE BISMARCK, ND 58501**

(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 The Standard Medicare/Medicaid recertification and complaint survey started on 07/26/21 and concluded 07/29/21.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		8/27/21

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

Electronically Signed | 08/21/2021

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F 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide care in a manner and environment that maintained each resident's dignity and privacy for 2 of 9 sampled residents (Resident #36 and #79) who received baths. Failure to ensure resident's private body parts are covered and not exposed during transfers and dressing on bath days, does not preserve the residents' personal dignity or enhance their quality of life and placed them at risk of embarrassment and/or emotional harm. Findings include: Review of the facility policy titled "Promoting Dignity and Resident Rights" occurred on 7/29/21. This policy, revised May 2021, stated ". . . treat each resident with respect and dignity . . . maintain resident privacy . . . ." - Review of Resident #36's medical record occurred all days of survey. An annual Minimum Data Set (MDS), dated 05/07/21, showed extensive assist of two staff for all activities of daily living (ADLs) and severe cognitive impairment. Observation on 07/27/21 at 10:12 a.m. showed	F 550	1. Staff that care for Residents #36 and #79 were re-educated on resident rights, dignity, and privacy. 2. All residents have the potential to be affected. 3. CNAs, MAIIs, and MTAs were re-educated at the CNA meeting on August 3, 2021. All staff, including nursing department staff, were educated with two additional HealthStream courses, Protecting the Rights of Residents and Caregiver Boundaries and Resident Rights. 4. The Unit Directors, Charge Nurses, and CNA Mentors will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure resident dignity and privacy is maintained during cares after bathing. The first quality assurance monitor will be compiled on August 23, 2021. QAPI monitoring will be performed weekly for 12 weeks and monthly for	

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F 550	Continued From page 2 two certified nurse assistants (CNAs) (#1 and #2) entered Resident #36's room and found the resident seated in a wheelchair covered with a bath blanket. The resident had returned from a bath at 10:05 a.m. Without pulling the privacy curtain, the CNAs attached the Hoyer (full body mechanical lift) sling to the lift, removed the bath blanket and towels, leaving the Resident #36 fully exposed, and transferred him/her to the bed. The CNAs dressed the resident, starting with socks, leaving the rest of his/her body exposed. The CNAs (#1 and #2) failed to protect the resident's personal privacy during the transfer and dressing by not pulling the privacy curtain and by leaving the resident exposed. - Review of Resident #79's medical record occurred all days of survey. A quarterly MDS dated 06/02/21 identified total dependence of two staff for all ADLs and severe cognitive impairment. Observation on 07/27/21 at 8:38 a.m. showed a CNA (#1) positioned Resident #79's wheelchair (w/c) at the foot end of the bed and removed the bath blanket, leaving the resident covered with two towels. The CNA failed to pull the privacy curtain. The CNA (#1) attached the sling to the full body mechanical lift. A CNA (#2) entered the room to assist with the transfer. The CNA (#1) removed the towels and transferred Resident #79 fully exposed from the w/c to the bed. The CNAs (#1 and #2) dressed the resident starting with the socks while the resident remained exposed. The CNAs failed to protect the resident's privacy during transfer and dressing. During an interview on 07/29/21 at 1:35 p.m., an	F 550	three months. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate reeducation will be completed. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 550	Continued From page 3 administrative nurse (#3) confirmed the staff failed to protect the resident's privacy during transfers and dressing.	F 550		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, review of professional reference, and resident and staff interviews, the facility failed to provide reasonable accommodation of resident needs and preferences regarding activities, room setup, lighting, activities, and tray setup for the visually impaired for 1 of 4 sampled residents (Resident #406) identified as a new admission. Failure to provide reasonable accommodation of resident needs and preferences has the potential to decrease independence and dignity in the resident's environment. Findings include: Review of the facility policy titled "Activity Department" occurred on 07/29/21. This policy, revised September 2020 stated, "provide residents with opportunities for daily, evening and weekend activities . . . variety of choices of activities . . . 1:1 personal visits . . . provide support and encouragement . . ."	F 558	1. CNA Kardex was updated to include additional needs and preferences for resident #406. Activity staff member met with resident to review activity preferences. Reminder on tray ticket to prompt staff to explain where food/fluids are on his tray. OT consult completed. Functional maintenance program completed to assist with proper set up. 2. All new resident admissions have potential to be affected. 3. The admission screener was updated to include more resident preferences. CNAs, MAIIs, and MTAs were re-educated at the CNA meeting on August 3, 2021. All staff were educated with two HealthStream courses, Protecting the Rights of Residents and Caregiver Boundaries and Resident Rights.	8/27/21

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F 558	Continued From page 4 "Guidelines for design and Construction of Residential Health, Care, and support facilities: 2014 edition", The Facilities Guidelines Institute (2014), page 99, "Table 2.5-2 (Minimum Maintained Average Illuminance) shall be used as the minimum required ambient and task lighting levels in all rooms, spaces . . ." page 103, identified, "Resident room/dwelling unit . . . Entrance . . . Ambient light 30 foot-candles (fc) . . . Living room and bedroom . . . Ambient light 30 fc . . . Task Light 50 fc . . ." Review of the facility policy titled "Feeding" occurred on 07/28/21. This policy dated May 2021, stated, "Identify food on tray. . . ." During an interview on 07/27/21 at 9:40 a.m., Resident #406 stated, "No one has told me the routine here, I do not know how often I get washed up, they gave me a sponge bath yesterday, but why can't I shower? I have not been able to leave my room except to go to dialysis, so I have nothing to do and it is lonely. No, I have not been offered to go to any activities. I like to be outdoors. No, I have not received an activity calendar and they have not told me what there is to do. I am legally blind and I can't even look out my window because there is a table and cords in front of it, I can't see them and I am scared of reinjuring my knee. It is so dark in my room, I can hardly see shadows, I can't tell when someone is at the doorway. They bring my meals and put it on my table but I don't know what it is, I have to touch it, smell it, and taste it to know what it is. They also move my belongings and I can't see where they move them to, I need those things to stay close to me	F 558	4. Social Service and Activity staff will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure accommodation of resident needs and preferences. The first quality assurance monitor will be compiled on August 23, 2021. QAPI monitoring will be performed weekly for 12 weeks and monthly for three months. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate reeducation will be completed. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 558	Continued From page 5 so I can reach them when I need them." Review of Resident #406's medical record occurred on all days of survey and include the diagnoses of legal blindness, fracture of right patella (knee), history of falling, and major depressive disorder. Review of Resident #406's progress notes dated 07/27/21 at 8:30 a.m., stated, ". . . not able to read regular or large newspaper print or identify a pen. [Resident] said the pen was a stick. He does not wear eyeglasses. . . ." and 07/27/21 at 2:59 p.m., stated, ". . . triggers feeling down, feeling tired, feeling bad for himself, and trouble concentrating. . . ." Review of Resident #406's activity record from July 23-28, 2021, identified the resident self-directed all activities and facility staff offered no group activities. The current care plan identified Resident #406, "will need the support and assistance of the staff for participation in activities of interest . . . Provide [Resident] with a monthly Activity calendar review it with him . . . Provide some 1:1 visits . . . assist him to turn on channel 99 for All Faith services if unable to attend. Read the newspaper when available to him and Read devotion and the bible for him. Offer courtyard weather permitting. . . . impaired visual function r/t [related to] legally blind . . . Ensure personal items are within reach. . . . has a pair of reading glasses he wears once in a while . . . Resident is at risk for falls r/t legally blind . . . Adequate lighting . . . Keep frequently used items within reach. . . . ADL [activities of daily living] Self Care	F 558		

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F 558	Continued From page 6 Performance Deficit . . . Eats independently with setup assist. Tell him where things are on his tray. . . . Resident has a right knee immobilizer [brace]. On at all times. . . . potential for depression . . . Monitor/document/report . . . s/sx [signs and symptoms] of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing negative statements, repetitive anxious or health-related complaints, tearfulness. . . ." Observation on 07/28/21 at 11:22 a.m., the lighting levels obtained in Resident #406's room showed the following: * On top of overhead table 16.2 footcandle (fc) * Recliner chair 11.8 fc * Entrance area by door, with room door shut 4.3 fc * Entrance area by door, with room door open 7.3 fc During an interview on 07/29/21 at 10:34 a.m., an administrative nurse (#3) and an administrative social worker (#17) identified that the social worker provides and reviews the baseline care plan with the resident." During an interview on 07/29/21 at 1:10 p.m., a dietary manager (#24) agreed staff should identify the food and beverages on the tray when serving meals to residents with vision impairments. During an interview on 07/29/21 at 1:25 p.m., a nurse (#18) stated, "This is my first day with him [Resident #406], I don't know what we are doing to accommodate his vision needs."	F 558		
F 675	Quality of Life	F 675		8/27/21

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F 675 SS=D	Continued From page 7 CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional literature, and staff interview, the facility failed to ensure 1 of 3 sampled residents (Resident #59) received the care and services necessary to attain the highest degree of safety possible for meals provided in the resident's room. Failure to position and supervise the resident while eating placed the resident at risk for aspiration. Findings include: Review of the facility policy titled "Feeding" occurred on 07/28/21. This policy dated May 2021, stated, "Position resident properly." Nancy B. Swigert, "The Source for Dysphagia: Third Edition", LinguiSystems, Inc (2007), page 9 and the educational handouts, identified, " . . . During the oral intake of . . . liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair . . . Even a slightly reclined position while eating greatly increases the risk of premature loss of food over the back	F 675	1. Resident #59 will be encouraged to sit up in chair for meals. Encourage to sit up in chair for meals was added to Kardex. OT order obtained to evaluate posture during meals. 2. All residents have the potential to be affected. 3. CNAs, MAIIs, and MTAs were re-educated at the CNA meeting on August 3, 2021. All nursing staff were re-educated on the feeding policy and procedure. 4. Dieticians, Unit Directors, and Charge Nurses will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents attain the highest degree of safety possible for meals. The first quality assurance	

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F 675	Continued From page 8 of the tongue . . ." Review of Resident #59's medical record occurred on all days of the survey. The quarterly Minimum Data Set (MDS), dated 05/22/21, identified supervision required for eating. The current care plan identified ". . . Provide eating supervision cues and assistance as necessary . . . Monitor for s/sx [signs and symptoms] of dysphagia: Pocketing, choking, coughing, drooling, holding food in mouth, refusing to eat. . . ." The care plan failed to provide any guidance regarding appropriate positioning for safe oral intake. Observation showed the following: *07/26/21 at 12:33 p.m., Resident #59 seated on the edge of the bed, leaning to the left side positioned at a 30 degree angle with his left elbow rested on the bed, attempted to sit upright but continued to lean to the side, he attempted to reach and stab food with a fork in his right hand. The resident then fell back on the bed after making several unsuccessful attempts to sit upright. The full tray of food remained on the table. *07/27/21 at 8:48 a.m., Resident #59 seated on the edge of the bed, leaning to the left side with his left elbow rested on the bed. He attempted to cut the caramel roll with a fork in his right hand. *07/27/21 at 9:03 a.m., Resident #59 lying on the bed, chewing food in his mouth, after several unsuccessful attempts to sit upright. *07/28/21 at 8:32 a.m., Resident #59 lying on the bed, attempted to grab the table to sit upright, with part of his breakfast still in the tray on the table.	F 675	monitor will be compiled on August 23, 2021. QAPI monitoring will be performed weekly for 12 weeks and monthly for three months. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate reeducation will be completed. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 675	Continued From page 9 During an interview on 07/27/21 at 2:00 p.m., a unit manager (#19) stated, "staff do not stay in his room when he eats, they reposition him if he is leaning to the side or on his back, we have not tried the chair in his room or positioning devices."	F 675		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE STANDARD SURVEY CONDUCTED ON 10/10/19 Based on information provided by the complainants, observation, record review, review of facility policy, and staff interview, the facility failed to provide activities of daily living (ADL) assistance to 3 of 33 sampled residents (Resident #1, #36, and #79) and 3 supplemental residents (Resident #7, #63, and #131) who required staff assistance for grooming and personal cares. Failure to provide appropriate assistance to residents who cannot independently carry out ADLs may result in poor grooming/hygiene and decreased self-esteem. Findings include: Information provided by the complainants indicated the residents hair is not combed, clothing is soiled, and faces are not shaved. Review of the facility policy titled "CNA [certified	F 677	1. For residents #1, #36, #79, #7, #63, and #131, nursing staff were reeducated on CNA routine care policy and procedure. For Resident #36, daily task created to shave resident daily and note added to Kardex. 2. All residents have the potential to be affected. 3. CNAs, MAIIs, and MTAs were re-educated at the CNA meeting on August 3, 2021. All nursing staff were reeducated on CNA routine care policy and procedure and HealthStream course Personal Cares Refresher. 4. The Unit Directors, Charge Nurses, and CNA Mentors will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents receive ADL	8/27/21

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F 677	Continued From page 10 nursing assistant] Routine Care for Residents (ADL)" occurred on 07/29/21. This policy, revised June 2021, stated, ". . . dress in day clothing . . . comb, brush, style hair. . . female residents shaved as needed. . . ." - Review of Resident #1's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, and dementia. An annual Minimum Data Set (MDS), dated 07/13/21, showed extensive assist of two staff for personal hygiene and dressing and severely impaired cognition. The care plan stated, ". . . PLEASE: have hair combed, dressed nice and clean clothes . . . " Observations showed the following: * 07/27/21 at 8:57 a.m., two certified nursing assistants (CNAs) (#1 and #2) transferred Resident #1 to bed, changed the brief, transferred the resident back to the wheelchair (w/c), and exited the room. Resident #1's hair laid flat in the back with pieces sticking up. The CNAs failed to comb Resident #1's hair. * 07/27/21 at 11:11 a.m., two CNAs (#1 and #15) transferred Resident #1 from the w/c to the bed, changed the soiled brief and pants, transferred Resident #1 back to the w/c, and exited the room. The CNA's failed to comb Resident #1's hair, prompting the resident's daughter to do so. * 07/27/21 at 3:42 p.m., Resident #1 resting in bed. Two CNAs (#6 and #7) entered the room, changed the brief and performed peri-care. The CNAs transferred Resident #1 to the w/c, and exited the room. Resident #1's hair laid flat on one side. The CNAs failed to comb Resident #1's hair.	F 677	assistance with grooming and personal cares. The first quality assurance monitor will be compiled on August 23, 2021. QAPI monitoring will be performed weekly for 12 weeks and monthly for three months. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate reeducation will be completed. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 677	Continued From page 11 - Review of Resident #36's medical record occurred on all days of survey. Diagnoses included dementia, osteoarthritis, and muscle weakness. An annual MDS dated 05/07/21 showed total dependence of two staff for all ADLs. Observations showed the following: * 07/26/21 at 2:13 p.m., Resident #36 resting in bed with visible facial hair present. * 07/26/21 at 3:31 p.m., Two CNAs (#10 and #11) transferred Resident #36 from the bed to the w/c, and exited the room. The resident's hair had pieces sticking up in the back. The CNAs failed to comb Resident #36's hair. * 07/27/21 at 10:12 a.m., Two CNAs (#1 and #2) transferred Resident #36 from the w/c to the bed and dressed the resident after a bath. The CNAs transferred the resident from the bed to the w/c, and exited the room. The resident's hair had pieces sticking up in the back. The CNAs failed to comb Resident #36's hair. - Review of Resident #79's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, dementia, muscle weakness, and chronic pain. The care plan stated, ". . . has an ADL Self Care Performance Deficit & limited physical mobility. . . hygiene with assist of 2 . . . ." Observation on 07/27/21 at 8:38 a.m., showed two CNAs (#1 and #2) transferred Resident #79 from the w/c to the bed, dressed the resident, transferred the resident back into the w/c, and exited the room. The CNAs failed to comb Resident #79's hair.	F 677		

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	355059	A. BUILDING _____ B. WING _____	C 07/29/2021

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F 677	Continued From page 12 - Random observations showed the following: * 07/26/21 at 11:41 a.m., Resident #7 sitting in a w/c at the dining room table with disheveled hair. * 07/26/21 at 11:41 a.m., Resident #131 transferred to the dining room table with disheveled hair, noticeable chin hairs, and some soiled spots on her shirt. * 07/26/21 at 11:50 a.m., Resident #63 sitting in a w/c in the dining room. Resident #63 stated he/she just had a bed bath, and his/her hair washed. The resident's hair appeared dry, disheveled and unbrushed in the back. During an interview on 07/29/21 at 1:45 p.m., an administrative staff nurse (#3) stated she expected staff to assist residents with grooming as needed.	F 677		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;	F 692		8/27/21

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F 692	Continued From page 13 §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to offer fluids to 3 of 9 sampled residents (Resident #1, #79, and #127) who required staff assistance for fluid intake and are at risk for dehydration. Failure to provide assistance with fluid intake may result in dehydration, constipation, and urinary tract infections (UTIs). Findings include: Review of the facility policy titled "Hydration Program" occurred on 7/29/21. This policy, revised June 2021, stated, " . . . provide residents with sufficient amounts of fluids to prevent dehydration and maintain health . . . " - Review of Resident #1's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, chronic kidney disease, and constipation. The care plan stated, ". . . potential for fluid volume deficit, failure to drink all or almost all fluids at meal . . . thin liquids. Encourage fluid intake. . . " Observation on 07/27/21 at 11:11 a.m. showed two CNAs (#1 and #15) provided incontinence cares to Resident #1. The CNAs failed to offer fluids during cares or before exiting the room. Observation on 07/28/21 at 8:17 a.m. showed two CNAs (#8 and #9) provided morning cares to Resident #1 for 30 minutes. The CNAs failed to	F 692	1. For residents #1, #79, and #127, nursing staff were reeducated on CNA routine care policy and procedure. 2. All residents have the potential to be affected. 3. CNAs, MAIIs, and MTAs were re-educated at the CNA meeting on August 3, 2021. All nursing staff were reeducated on CNA routine care policy and procedure and HealthStream course The Importance of Proper Hydration, Nutrition, and Food Handling. 4. The Unit Directors, Charge Nurses, and CNA Mentors will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents are offered fluids. The first quality assurance monitor will be Compiled on August 23, 2021. QAPI monitoring will be performed weekly for 12 weeks and monthly for three months. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If	

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F 692	Continued From page 14 offer fluids during cares or before exiting the room. - Review of Resident #79's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, chronic kidney disease, and constipation. The care plan stated, ". . . Potential for fluid volume deficit, failure to consume all or almost all fluids at meals. . . ." Observation on 07/27/21 at 8:38 a.m. showed two CNAs (#1 and #2) provided morning cares to Resident #79 for 20 minutes. The CNAs failed to offer fluids during cares or before exiting the room. Observation on 07/28/21 at 7:49 a.m. showed two CNAs (#4 and #5) transferred the resident into the wheelchair and completed morning cares. The CNAs failed to offer fluids before exiting the room. - Review of Resident #127's medical record occurred on all days of survey. Diagnoses included dementia, failure to thrive, and muscle weakness. The care plan stated, ". . . potential for fluid volume deficit . . . severe cognitive impairment . . . adult failure to thrive . . ." Observation on 07/26/21 at 3:03 p.m. showed one unidentified CNA and CNA (#33) provided incontinence cares to Resident #127. The CNAs failed to offer fluids during cares and before exiting the room. During an interview on 07/29/21 at 1:05 p.m., an administrative nurse (#31) stated she expected staff to offer fluids.	F 692	concerns are identified, immediate reeducation will be completed. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of	F 880		8/27/21

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F 880	Continued From page 16 infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY ON 12/16/20. Based on observation, review of policy and staff interview, the facility failed to follow infection control standards for 6 of 21 sampled residents (Resident #1, #36, #49, #60, #127 and #459).	F 880	1. Corrective Action The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of ¿483.80 for the affected resident(s)/neighborhood(s) identified in the deficiency.	

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F 880	Continued From page 17 Failure to practice infection control has the potential for transmission of communicable diseases and infections to residents, staff and visitors. Findings include: Review of the facility policy titled "Hand Hygiene, Artificial Nails" occurred 07/29/21. This policy, revised December 2020, stated, ". . . Hand hygiene must [be] completed to remove microbial contamination acquired by contact with residents or environmental surfaces. The use of gloves does not eliminate the need for hand hygiene. . . . Indications for Hand Hygiene: . . . Before and after resident care . . . after situations during which contamination of hands are likely, especially those involving contact with mucous membranes, blood or body fluids, secretions or excretions . . . after removing gloves . . . " WOUND CARE - Observation on 07/29/21 at 8:05 a.m. showed a staff nurse (#32) donned clean gloves, removed Resident #127 dressing, removed gloves without sanitizing/washing hands, donned clean gloves, and cleansed the wound. The nurse then removed the right glove and without sanitizing his/her hands, donned a clean glove and took a picture of the wound, applied a clean dressing, removed his/her gloves, and sanitized his/her hands. The nurse failed to perform hand hygiene after removing gloves during cares and before donning clean gloves.	F 880	The infection preventionist (IP), director of nursing (DON), in conjunction with applicable interdisciplinary team (IDT) members, shall identify and implement a consistent system for ensuring a system for: 1. Ensuring staff display correct isolation precaution signage. 2. Ensuring staff entering and exiting a room on enteric precautions donned, doffed, and disposed of personal protective equipment (PPE), in accordance with CDC guidelines. 3. Ensuring staff complete hand hygiene or handwashing when donning PPE, moving between tasks, residents, and after touching potentially contaminated surfaces (wound care, food handling), in accordance with CDC guidelines. The DON, staff development coordinator (SDC), IP or designee, in conjunction with applicable IDT members, will: 1. Educate staff members on appropriate isolation precaution signage for infection prevention. 2. Educate all staff members on selecting, donning, doffing, and disposing of PPE when entering a room on isolation precautions. To verify each of these staff understands the procedure, they each will perform a successful return demonstration of selecting, donning, doffing, and disposing of PPE for entering/exiting/providing cares in enteric precaution isolation room.	

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F 880	Continued From page 18 During an interview on 07/29/21 at 1:05 p.m., an administrative nurse #31 indicated she expected staff to sanitize hands prior to donning gloves and after removing gloves. HAND HYGIENE - Observation on 07/26/21 at 3:31 p.m. showed two certified nursing assistants (CNAs) (#10 and #11) donned gloves and provided incontinence cares for Resident #36. The CNA (#11) removed the soiled pants and without changing gloves moved Resident #36's heel lift boots from the bed. The CNA (#10) provided incontinence care, placed a clean brief, removed gloves, and without performing hand hygiene, touched multiple surfaces, and transferred Resident #36 with the Hoyer lift (full body mechanical lift) into the wheelchair. - Observation on 07/27/21 at 8:57 a.m. showed two CNAs (#1 and #2) donned gloves and assisted Resident #1 with toileting and bowel movement (BM) cares. Observation showed BM on the CNA's (#2) glove and he/she cleaned it off with a peri-wipe. The CNA (#2) then touched an ointment container and a walkie talkie. The CNAs (#1 and #2) removed the soiled gloves, and without performing hand hygiene pulled up the residents pants, and operated the Hoyer lift and transferred Resident #1 back to the wheelchair. - Observation on 07/27/21 at 9:43 a.m. showed two CNAs (#5 and #12) assisted Resident #49 with toileting. One CNA (#12) operated the Hoyer lift and the other CNA (#5) completed perineal cares. The CNA (#5) wearing gloves, used several disposable wipes to clean bowel	F 880	3. Educate staff on correctly completing hand hygiene after changing tasks, moving between residents, changing gloves, and touching potentially contaminated surfaces. To verify these staff understand hand hygiene and handwashing, these staff will perform a successful return demonstration of identifying the need and correct procedure for performing hand hygiene and handwashing. 2. Identification of Others The IP and DON, in conjunction with the applicable the interdisciplinary team (IDT) members, will review current Infection Control practice guidelines from CDC. The IP, DON and applicable IDT members will evaluate the facility's compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. 3. System Changes On or before 09/01/2021 the facility shall complete the following actions: 1. DON, IP and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to select the appropriate isolation precaution sign for enteric precautions b. Failure to select, don, doff, and utilize the necessary PPE for isolation precaution room access, in accordance with CDC guidelines.	

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F 880	Continued From page 19 movement and without changing gloves adjusted the back side of the brief, and transferred Resident #49 to the wheelchair. The CNA (#5) removed the gloves, failed to perform hand hygiene, and placed a lap blanket across the resident's lap, placed the call light, moved the overbed table next to the resident, emptied the garbage, then completed hand hygiene. - Observation on 07/27/21 at 3:42 p.m. showed two CNAs (#6 and #7) assisted Resident #1 with toileting. The CNA (#7) donned gloves, performed perineal cares, and applied a clean brief. The CNA (#7) removed the gloves and without performing hand hygiene pulled up the resident's pants, placed a sheepskin (a protective barrier) and the Hoyer lift sling under the resident and transferred Resident #1 to the wheelchair. - Observation on 07/28/21 at 8:17 a.m. showed two CNAs (#8 and #9) provided morning cares for Resident #1. The CNA (#8) removed a soiled brief, performed peri-care, applied a clean brief, and without removing gloves or performing hand hygiene, applied the resident's socks, pants, washed under the arms and breast, and placed a clean moisture wicking cloth under the breasts. The CNAs (#8 and #9) removed gloves, failed to perform hand hygiene, placed the sling under the resident, and transferred him/her to the wheelchair. - Observation on 07/28/21 at 2:55 p.m. showed two CNAs (#13 and #14) assisted Resident #60 with toileting. One CNA (#14) operated the standing lift and the other CNA (#13) wearing gloves, used several disposable wipes to clean bowel movement and applied the residents' brief.	F 880	b. Failure to complete handwashing or hand hygiene in accordance with CDC guidelines. Information about root cause analysis can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf 2. The DON, SDC, IP or suitable designee will ensure the following: a. Educate all staff whose normal duties include entering a resident room on isolation precautions, the correct procedure for selecting, donning, using, and doffing PPE when entering an isolation precaution room. This education will include the CDC's lesson personal protective equipment developed for nursing home staff available at https://youtu.be/YYTATw9yav4. b. All staff will receive education keeping hands clean between tasks, contacts with potentially contaminated surfaces and between residents. This education will include the CDC's lesson on clean hands available at https://youtu.be/xmYMUly7qiE. 3. The facility leadership will contact the North Dakota Quality Improvement Organization (QIO), to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility through quality assurance process improvement (QAPI) methods.	

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F 880	Continued From page 20 The CNA (#13) removed the soiled gloves, failed to perform hand hygiene, and transferred Resident #60 to the wheelchair. The CNA (#13) moved the bedside table next to the resident, applied the residents' oxygen tubing to the nose, picked up the water cup for Resident #60 to take a drink, placed the mechanical lift into the bathroom, then completed hand hygiene. During an interview on 07/29/21 at 10:00 a.m., an administrative nurse (#16) stated he/she expected staff to change gloves between a dirty and a clean task, and complete hand hygiene between glove changes. ISOLATION PRECAUTIONS Review of the facility policy titled "C-Diff (Clostridium Difficile) - Contact (Enteric) Isolation" occurred on 07/29/21. This policy, revised June 2021, stated, "Keep resident in isolation until specimen result comes back negative. . . . Wash hands with soap and water upon entering and upon leaving the resident's room. (Hand sanitizer is not effective against C-Diff.). . . . Use gown and gloves for direct cares . . . Place a Contact Precautions sign on the door. . . . Keep equipment in the resident's room and do not reuse on other residents until it had been disinfected . . . The isolation supplies cart will be kept outside the resident's room." Review of Resident #459's medical record occurred on all days of the survey and included diagnosis of enterocolitis due to clostridium difficile. The current physician's orders identified, "Culturelle Capsule [antidiarrheal medication] daily and Vancomycin HCl [hydorchloride]	F 880	4. Monitoring Weekly for no less than 12 weeks, the DON, IP, SDC or a designee will conduct on-going monitoring to ensure, via observation, the approaches to correct deficient practice related to infection control and prevention are consistently implemented and effective. Such monitoring will include: 1. Observations of all staff types to ensure correct selection, donning, use and doffing of PPE when entering and exiting precaution isolation/quarantine rooms. 2. Observations of all staff types to ensure performance of proper handwashing and hand hygiene, when moving between tasks during resident cares, after touching potentially contaminated surfaces during tasks/procedures, before, during, and after food handling, and when indicated in the course of their routine duties. Observations will be made across all shifts and neighborhoods/units. Observations of noncompliance with the above will result in ad hoc education for the involved staff. Such education will be documented on monitoring forms. After twelve weeks of monitoring, provided that such monitoring demonstrates expectations are consistently met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to	

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F 880	Continued From page 21 Capsule four times a day for 5 [sic] days (07/22/21 - 07/27/21). The current care plan stated, "Resident has C. Difficile. . . . Place in contact isolation precautions. . . . The resident has an alteration in gastrointestinal status R/T [related to] C. Difficile infection. . . ." Review of Resident #459's bowel movement record identified resident had "Loose/Diarrhea" stools on 07/23/21, 07/26/21, and 07/29/21. Review of Resident #459's infection notes identified nurses incorrectly documented "Contact Precautions" on 6 of 13 entries, the correct documentation is "Gastrointestinal (enteric) contact precautions." Observations identified the following: * 07/26/21 at 3:13 p.m., a physical therapy assistant (PTA) (#26) removed gown and gloves and exited Resident #459's room without washing his/her hands. * 07/26/21 at 11:32 a.m. and 07/27/21 at 9:25 a.m. and 5:54 p.m., Contact Precautions signage on Resident #459's door and a PPE [personal protective equipment] cart outside the room. (incorrect signage) * 07/27/21 at 5:54 p.m., a dietary assistant (#22) entered Resident #459's room with the supper tray, failed to perform hand hygiene or wear a gown and gloves, moved objects off the table, placed the tray on table, moved the table closer to the resident, and then left the room without washing his/her hands. * 07/28/21 at 9:08 a.m., No precaution signage on Resident #459's door and no PPE cart. During an interview on 07/26/21 at 3:13 p.m., a	F 880	the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring that demonstrate sustained compliance as approved by the QAPI committee and medical director.	

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(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 880	Continued From page 22 PTA (#26) stated, "I don't know why the resident is on precautions." During an interview on 07/26/21 at 5:00 p.m., a nurse (#27) stated, "He [Resident #459] is on contact precautions for C. Diff." During an interview on 07/28/21 at 1:50 p.m., a nurse (#23) stated, "The resident [#459] is positive for C. Diff and was on enteric precautions but finished the antibiotics so he was taken off isolation. The unit manager reviews the chart and decides when they can come off precautions." During an interview on 07/29/21 at 8:50 a.m., a director of nutritional services (#25) stated, "Dietary staff do not go into isolation rooms, since COVID [virus] we treat all isolations the same." During an interview on 07/29/21 at 9:09 a.m., administrative nurses (#3, #29 and #30) acknowledged Resident #459 has C. Diff and is on enteric precautions and agreed the staff used incorrect signage. An administrative nurse (#29) stated, "Once they meet the criteria we remove the precautions, the resident must complete their antibiotics and have no diarrhea or loose stools for 48 hours. No, I was not aware that he had diarrhea again this morning but I do continue to monitor weekly for recurring symptoms. An administrative nurse (#30) stated, "No, we don't send another specimen for a negative result, we follow the policy, once the antibiotics are completed and having no loose stools, they can come off precautions." During an interview on 07/29/21 at 1:10 p.m., a	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355059	A. BUILDING _____ B. WING _____	C 07/29/2021

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F 880	Continued From page 23 dietary manager (#24) and a director of nutritional services (#25) confirmed dietary staff do not go into any isolation rooms. "If they were to go into an isolation room, they should wear a mask, gown, and gloves and we would expect them to wash their hands before leaving the room, especially after touching something." FOOD HANDLING Review of the facility policy titled "Handwashing And Glove Procedures" occurred on 07/29/21. This policy, revised January 2020, stated, "Proper handwashing is necessary at all times. (Gloves do not replace handwashing.). . . . Gloves will be worn by dietary staff . . . For food preparation and service (ex. Anytime hands would come into contact with actual food) . . . Gloves will be changed . . . When changing tasks . . . After touching phones . . . After taking out the garbage . . ." Observations showed the following: * 07/26/21 at 11:45 a.m. a dietary assistant (#20) walked away from the food service line and used the phone with gloved hands, walked back to the service line and touched tater tots with contaminated gloves. The phone rang and the dietary assistant (#20) touched the phone again and then returned to the service line and continued to touch the tater tots. The dietary assistant (#20) failed to change gloves or perform hand hygiene after using the phone and before touching food items. * 07/27/21 at 8:59 a.m., a dietary assistant (#21) wiped the counters and pushed garbage down in a bag with gloved hands. A CNA (#28) asked for a sippy cup and the dietary assistant (#21)	F 880		

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 880	Continued From page 24 obtained the sippy cup touching the spout with contaminated gloves. The dietary assistant (#21) failed to perform hand hygiene after touching the garbage and before obtaining the cup. During an interview on 07/29/21 at 1:10 p.m., a dietary manager (#24) and a director of nutritional services (#25) confirmed staff should wear gloves and change their gloves whenever they walk away from the food service area, should wash their hands and apply new gloves before returning to serve food, and expected staff to remove gloves and wash hands after touching the garbage.	F 880		