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 _____	01/10/2024

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 survey started on 01/08/24 and concluded 01/10/24.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 3 closed records (Resident #24). Failure to accurately code a location the resident is discharged to may affect discharge planning. Findings include: SECTION A: IDENTIFICATION INFORMATION The Long-Term Care Facility RAI Manual, revised October 2023, pages A-42 and A-43, stated, ". . . A2105: Discharge Status . . . Review the medical record including the discharge plan and discharge orders for documentation of discharge location. . . . Coding Instructions. . . . Code 01, Home/Community: if the resident was discharged to a private home, apartment . . . Code 04, Short-Term General Hospital (acute hospital. . .)." Review of Resident #24's medical record occurred on 01/10/24. The physician's orders included, "DC [Discharge] home on 11/9/23 with	F 641	1. For Resident #24, MDS modification was completed to correct section A2105. 2. All residents have the potential to be affected. 3. MDS nurses received re-education on Section A of the MDS. 4. The MDS nurses will be responsible to monitor/audit. The Infection Preventionist/ QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure Section A of the MDS is completed correctly. The first quality assurance monitor will be compiled on February 2. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If	2/5/24

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

Electronically Signed | 02/02/2024

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F 641	Continued From page 1 PT [physical therapy],OT [occupational therapy] Home Health." The discharge return not anticipated MDS, dated 11/09/23, showed Section A2105 coded as 04, Short-Term General Hospital. During an interview on 01/10/24 at 3:03 p.m., an administrative staff member (#5) confirmed facility staff coded Resident #24's MDS discharge incorrectly.	F 641	concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of the facility's policy, review of an operator's manual, and staff interview, the facility failed to properly utilize assistive devices necessary to prevent accidents and/or injury for 2 of 6 sampled residents (Resident #1 and #20) observed during gait-belt or mechanical stand-lift transfers. Failure to use a gait-belt or ensure proper use of a stand-lift during transfers placed residents at risk for injury. Findings include: GAIT BELT	F 689	1. For residents #1 and #20, the Unit Director reviewed correct gait belt transfers and PAL transfers with CNAs immediately after the observations were reported. For resident #1, order was obtained to have therapy assess transfers. 2. All residents requiring a gait belt or PAL lift for transfers have the potential to be affected. 3. Lead CNA completed reeducation with CNA staff on gait belt and PAL lift transfers.	2/5/24

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F 689	Continued From page 2 Review of the policy titled "Transfer/Locomotion" occurred on 01/09/24. This policy, dated November 2023, stated, ". . . Use gait belt with all assisted transfer and ambulation unless care planned otherwise. . . ." Observation on 01/09/24 at 8:40 a.m., showed a certified nurse aide (CNA) (#6) assisted Resident #20 with toileting. The CNA placed the gait belt around the resident, lifted under the resident's arm, and failed to use the gait belt during the transfer. During an interview on 01/09/24 at 10:08 a.m., an administrative nurse (#3) stated she expected staff to use a gait belt with transfers unless care planned otherwise. MECHANICAL STAND LIFT Review of the [brand name] Stand-Lift Operator's Manual occurred on 01/11/24. The manual stated, ". . . the person being transferred does need some body strength. We encourage anyone being lifted with the [brand name] Stand Lift to use their legs and arms as the lift is doing its' work. . . . Lift the person to a standing position. Now transport the person . . ." Review of Resident #1's medical record occurred on all days of survey. Diagnoses included dementia, hemiparesis affecting left side, and left artificial knee joint/pain. The current care plan stated, ". . . [Resident #1] is at risk for falls . . . Transfers . . . [stand lift device] with assist x [times] 2 [staff members]. . ." Observation on 01/09/24 at 9:45 a.m. showed	F 689	4. The Unit Directors, Charge Nurses, Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/ QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure gait belt and PAL lift transfers are performed correctly. The first quality assurance monitor will be compiled on February 2. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 689	Continued From page 3 two CNAs (#7 and #8) toileted Resident #1. One CNA (#8) raised Resident #1 approximately twelve inches in the sit-to-stand lift and transferred her into the bathroom. Resident #1 remained in a semi-seated position with the sling straps pulling upward into her armpits, raising her shoulders to ear level. A few minutes later, the CNA (#8) raised Resident #1 approximately six inches in the sit-to-stand lift and transferred her onto the bed. Resident #1 remained in a semi-seated position with the sling straps pulling upward into her armpits, raising her shoulders to ear level. The CNA (#8) failed to ensure Resident #1 could bear weight while in the stand lift.	F 689		
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	F 880		2/5/24

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F 880	Continued From page 4 §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 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	F 880		

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F 880	Continued From page 5 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: Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control for 4 of 11 sampled residents (Residents #4, #5, #9 and #175) observed during personal. Failure to practice infection control standards related to hand hygiene and glove use has the potential to spread infections throughout the facility. Findings include: Review of the facility policy titled "Hand Hygiene" occurred on 01/10/24. This policy, dated November 2023, stated, ". . . Indications for Hand Hygiene: . . . After removing gloves. . . ." - Observation on 01/08/24 at 2:32 p.m. showed two certified nurse aides (CNAs) (#1 and #2) donned gloves and provided toileting assistance for Resident #5. The resident stood up from the toilet and the CNA (#1) provided perineal care. While wearing the same gloves, the CNA (#1) escorted the resident to her recliner, turned on her television, patted her on the back, and gave the resident a coloring book and colored pencils. The CNA (#1) removed her gloves, left Resident #5's room, and completed hand hygiene using hand sanitizer mounted on the hallway wall across from the resident's room.	F 880	1. For residents #4, #5, #9, and #175, Unit Director reviewed correct hand hygiene with glove use with CNAs immediately after the observations. 2. All residents have the potential to be affected. 3. Lead CNA completed reeducation with CNA staff on hand hygiene including with glove use. 4. The Unit Directors, Charge Nurses, Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/ QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure hand hygiene is performed correctly. The first quality assurance monitor will be compiled on February 2. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If	

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F 880	Continued From page 6 - Observation on 01/08/24 at 3:32 p.m. showed two CNAs (#1 and #2) donned gloves and provided toileting assistance for Resident #9. The resident stood from the toilet, the CNA (#1) provided perineal care, changed gloves without performing hand hygiene, applied barrier cream, and encouraged Resident #9 to sit down for a bowel movement. The CNA (#1) changed gloves without performing hand hygiene. The resident stood from the toilet and the CNA (#1) provided perineal care, changed gloves without performing hand hygiene, applied barrier cream, and removed her gloves without completing hand hygiene. Resident #9 exited the bathroom and the CNA (#1) followed, donning gloves as she walked, settled the resident into her recliner, and gave her a glass of water. The CNA (#1) removed her gloves, exited the room, and used the hand sanitizer on the wall across from the resident's room. - Observation on 01/08/24 at 4:05 p.m. showed a CNA (#1) assisted Resident #175 with toileting. The CNA donned gloves and provided perineal care after the resident had a bowel movement. The CNA (#1) removed her gloves and without performing hand hygiene pulled up the resident's pants, transferred the resident into the wheelchair, and onto the side of the bed. The CNA (#1) removed the resident's gait belt and shoes, handed the resident a glass of water, repositioned the bedside table, and assisted the resident to lie down. The CNA failed to perform hand hygiene after removing her gloves. - Observation on 01/09/24 at 10:07 a.m. showed two CNAs (#6 and #7) donned gloves and transferred Resident #4 onto the bed to check	F 880	concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 880	Continued From page 7 and change him. After checking Resident #4's brief and adjusting his clothing, one CNA (#6) removed her gloves, sanitized her hands, and exited the room for supplies. Upon return, the CNA donned gloves, helped to transfer Resident #4 into his wheelchair, pushed the lift into the bathroom, adjusted Resident #4 nasal cannula, removed her gloves, and exited the room without performing hand hygiene. The CNA (#6) failed to perform hand hygiene prior to exiting the room. During an interview on 01/10/24 at 2:55 p.m., an administrative staff nurse (#3) confirmed the CNAs failed to complete hand hygiene per facility expectations.	F 880		