| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 355128 | A. BUILDING _____ B. WING _____ | C 02/15/2024 |

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| **MISSOURI SLOPE** | **4916 N WASHINGTON ST BISMARCK, ND 58503** |

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| F 000 | INITIAL COMMENTS<br><br>The standard Medicare/Medicaid recertification and complaint survey started on 02/12/24 and concluded 02/15/24. Investigation into the complaint issues found the facility in compliance with the regulatory requirements. | F 000 | | |
| F 657 SS=D | Care Plan Timing and Revision<br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br>This REQUIREMENT is not met as evidenced by: | F 657 | | 3/20/24 |

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

Electronically Signed | 03/07/2024

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| F 657 | Continued From page 1<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to review and revise the comprehensive care plan to reflect the current status for 2 of 36 sampled resident (Resident #69 and #138). Failure to review and revise the care plan limited staff's ability to communicate needs and ensure continuity of care.<br><br>Findings include:<br><br>Review of the facility policy titled, "Care Plan (Plan of Care)", occurred on 02/15/24. This policy, dated August 2023, stated, ". . . The plan of care is reviewed at least monthly by nursing, quarterly with completion of MDS [Minimum Data Set] assessment and annually at interdisciplinary care conferences. . . . Nursing plans of care are to be kept current by licensed staff members and remain consistent with the attending physician's plan of medical care, and the changing needs of the residents. . . ."<br><br>- Review of Resident #138's medical record occurred on all days of survey. Diagnoses included hemiplegia. The current care plan identified the following: ". . . Restorative therapy to Assist to move through tolerated range, supporting joints above & [and] below area: Lower Extremity exercises 6x's/ [times per] week. . . ."<br><br>During an interview on 02/14/24 at 5:28 p.m., an administrative nurse (#1) confirmed the facility discontinued restorative therapy for Resident #138 and failed to remove it from the care plan.<br><br>- Review of Resident #69's medical record | F 657 | 1. The care plans for Residents #138 and #69 were reviewed and revised.<br><br>2. All residents have the potential to be affected.<br><br>3. Nurses received reeducation on reviewing and revising the comprehensive care plan to reflect resident current status at the nursing department meeting on March 7.<br><br>4. Unit Directors and Charge 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 care plans are reviewed and revised to reflect resident current status. The first quality assurance monitor will be compiled on March 13. 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 657 | Continued From page 2<br>occurred on all days of survey and identified diagnoses of depressive episodes and insomnia. Current physician's orders, dated 01/28/22 and 05/16/23, stated, "DULoxetine HCl Capsule Delayed Release Particles [an antidepressant]. . . Trazadone [an antidepressant] tab [tablet] 50mg [milligrams]. . ." The current care plan identified the following: ". . . uses psychotropic medications R/T [related to] depression, and anxiety. Hx [history] of insomnia. . . Educate resident's family/caregivers about risks, benefits and the side effects and/or toxic symptoms. . . Monitor/record/report to MD [medical doctor] prn [as needed] side effects and adverse reactions of psychoactive medication. . ." The facility failed to identify some serious side effects staff should observe for when taking multiple antidepressants on Resident #69's care plan.<br><br>During an interview on 02/15/24 at 2:19 p.m. a licensed nurse (#4) confirmed Resident #69's care plan failed to address the side effects related to the use of antidepressants.<br><br>During an interview on 02/15/24 at 2:53 p.m. a medication assistant (MA) (#2) failed to verbalize the side effects/symptoms Resident #69 could experience related to antidepressants.<br><br>During an interview on 02/15/24 at 3:00 p.m. a nurse (#3) failed to verbalize the side effects/symptoms Resident #69 could experience related to antidepressants. | F 657 | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that | F 684 | | 3/20/24 |

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| F 684 | Continued From page 3<br>applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure appropriate care and services for 1 of 1 sampled resident (Resident #379) with orders for a knee immobilizer. Failure to follow physician's orders and the care plan for application, and report refusals of application, placed Resident #379 at risk for falls and discomfort/pain.<br><br>Findings include:<br><br>Review of the facility policy titled "Care Plans (Plan of Care)" occurred on 02/15/24. This policy, revised August 2023, stated, ". . . develop and implement a baseline and/or comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. . . . to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events . . ."<br><br>Review of Resident #379's medical record occurred on all days of survey. Diagnoses included left patellar (kneecap) fracture. The current physician's orders stated, ". . . Keep immobilizer in place to LLE [left lower extremity] | F 684 | 1. For resident #379, the Unit Director reviewed knee immobilizer order and use with unit staff on shift during observations on February 13.<br><br>2. All residents requiring immobilizers have the potential to be affected.<br><br>3. Reeducation on immobilizer use was completed at the CNA Mentor meeting on February 27 and the nursing department meeting on March 7.<br><br>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 orders for immobilizers are followed. The first quality assurance monitor will be compiled on March 13. 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 | |

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| F 684 | Continued From page 4<br>until cleared by ortho [orthopedics] . . ." The current care plan stated, ". . . alteration in musculoskeletal status R/T [related to] left patellar fracture . . . Resident has immobilizer in place to L leg . . ."<br><br>An orthopedic daily progress note, dated 02/06/24, stated, ". . . fell onto his left knee sustaining a closed nondisplaced vertically oriented left patella fracture. . . . Plan: . . . Weight bearing: as tolerated with knee immobilizer in place. . . . "<br><br>Review of the treatment administration record for February 12 - 15, 2024, showed staff documented the knee immobilizer in place on all days during all shifts. The medical record lacked documentation by staff of the resident's refusal to wear the knee immobilizer.<br><br>Observations of Resident #379 showed the following:<br>* 02/13/24 at 7:58 a.m., seated in wheelchair without a knee immobilizer to the left leg.<br>* 02/13/24 at 12:27 p.m., laying in bed without a knee immobilizer to the left leg.<br>* 02/13/24 at 3:53 p.m., two certified nurse aides (CNAs) (#5 and #6) transferred the resident from the bed to wheelchair with a mechanical sit to stand lift. The CNAs (#5 and #6) failed to place the left knee immobilizer on Resident #379's left leg.<br><br>During an interview on 02/13/24 at 3:53 p.m., the CNAs (#5 and #6) stated they were unsure about placement of the knee immobilizer for Resident #379. One CNA (#6) stated, "I did see it on him yesterday, he should be wearing it." Both CNAs | F 684 | 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 684 | Continued From page 5<br>reported access to the care plans on either the tablet or on the computers in the hallway.<br><br>During an interview on 02/13/24 at 4:00 p.m., a certified occupational therapy aide (#7) stated Resident #379 refused to wear the knee immobilizer on two occasions.<br><br>During an interview on 02/13/24 at 4:55 p.m., an administrative nurse (#4) stated she expected staff to place the immobilizer to Resident #379's left knee as ordered and care planned, and communicate/document any resident refusals. | F 684 | | |
| F 688 SS=D | Increase/Prevent Decrease in ROM/Mobility<br>CFR(s): 483.25(c)(1)-(3)<br><br>§483.25(c) Mobility.<br>§483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and<br><br>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.<br><br>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the | F 688 | 1. Order for restorative therapy obtained | 3/20/24 |

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| F 688 | Continued From page 6<br>facility failed to ensure 1 of 1 sampled resident (Resident #138) reviewed for restorative therapy received the services developed by the therapy staff. Failure to follow up on a request to the provider for restorative nursing/therapy services may adversely affect the resident's ability to maintain range of motion (ROM), strength, and mobility.<br><br>Findings include:<br><br>Review of Resident #138's medical record occurred on all days of survey. Diagnosis included hemiplegia. The current care plan stated, ". . . impaired functional mobility as evidenced by Inability to achieve full functional ROM, Decreased ability to self-perform ADLs [activities of daily living] R/T [related to] intracranial injury. . . ." A quarterly Minimum Data Set [MDS] dated 11/22/23 identified bilateral functional limitation in range of motion to upper and lower extremities.<br><br>Random observations of cares during all days of survey showed Resident #138's knees in a bent position.<br><br>Progress notes identified the following:<br>* 01/20/24 at 1:57 p.m.: "Update of resident's status given to wife. She requested his restorative therapy program be resumed due to his stiffness. Fax sent to [provider] with request for therapy."<br>* 02/02/24 at 6:06 p.m.: "Late Entry: Order request sent to [provider name] office requesting an order for PT [physical therapy] to evaluate resident for Restorative therapies per wife request [wife's name]." | F 688 | from provider for resident #138.<br><br>2. All residents have the potential to be affected.<br><br>3. Nurse reeducation was completed on the importance of follow up on order requests to providers to ensure request is addressed at the nursing department meeting on March 7.<br><br>4. The Unit Directors and Charge 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 order requests are addressed. The first quality assurance monitor will be compiled on March 13. 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 688 | Continued From page 7<br>* 02/14/24 at 6:08 p.m.: "Another request for PT evaluation placed in file for resident to be evaluated by PT for Restorative therapies."<br><br>During an interview on 02/14/24 at 5:28 p.m., an administrative nurse (#1) confirmed the resident is currently not receiving restorative therapy.<br><br>The medical record lacked evidence of an order for restorative therapy for Resident #138. | F 688 | | |
| F 689 SS=D | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide appropriate and sufficient supervision for 2 of 6 sampled residents (Resident #135 and #166) observed for safe transfers. Failure to provide appropriate and sufficient supervision during mechanical lift transfers (Resident t#166) and follow fall interventions (Resident #135) placed residents at risk for accidents, falls, and/or injuries.<br><br>Findings include:<br><br>Review of the facility policy titled "Transfer/Locomotion" occurred on 02/15/24. | F 689 | 1. For resident #166, staff on shift during observation were reeducated to ensure two staff complete mechanical list transfers. For resident #135, staff on shift during observation were reeducated to ensure wheelchair was left within reach.<br><br>2. All residents have the potential to be affected.<br><br>3. Reeducation on ensuring appropriate supervision during mechanical lift transfers and following care planned fall interventions was completed at the CNA Mentor meeting on February 27 and the | 3/20/24 |

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| F 689 | Continued From page 8<br>This policy, dated November 2023, stated, ". . . 4. Always use 2 staff during transfer. . . ."<br><br>Review of the facility policy titled "Fall (Resident) Guidelines" occurred on 02/15/24. This policy, revised June 2023, stated, ". . . The nurse should make changes to the care plan and Kardex as determined by the team to prevent further incidents of fall. . ."<br><br>- Review of Resident #166's medical record occurred on all days of survey and included a diagnoses of dementia. The current care plan stated, "TRANSFER: hoyer [full body mechanical lift] for all transfers. . ."<br><br>Observation on 02/14/24 at 8:13 a.m. showed one certified nurse aide (CNA) (#3) transferred Resident #166 to the wheelchair utilizing the ceiling lift [full body mechanical lift]. The CNA (#3) failed to ensure two staff completed the lift transfer.<br><br>During an interview on the afternoon of 02/15/24 an administrative staff member (#1) confirmed he/she expected staff to follow facility policy when using the ceiling lift.<br><br>- Review of Resident #135's medical record occurred on all days of survey. A care plan intervention, dated 01/10/24, stated, ". . . Wheelchair within reach at all times. . ."<br><br>A Fall Note, dated 01/22/24, stated, ". . . Wheelchair and walker were not within reach and resident may have been self-transferring. . ."<br><br>Observation on the afternoon of 02/12/24, during | F 689 | nursing department meeting on March 7.<br><br>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 appropriate supervision is used during mechanical lift transfers and care planned fall interventions are followed. The first quality assurance monitor will be compiled on March 13. 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 9<br>early afternoon showed Resident #135's wheelchair not within reach. Without staff present, the resident ambulated per self from the recliner to the wheelchair.<br><br>Observations on 02/12/24 at 4:35 p.m. and on 02/12/24 at 4:20 p.m. showed Resident #135 resting in the recliner. Staff failed to place the wheelchair within the resident's reach.<br><br>During an interview on 02/15/24 at 12:45 p.m. an administrative staff member (#1) confirmed he/she expected facility staff to implement fall interventions as care planned. | F 689 | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and resident and staff interviews, the facility failed to provide respiratory care for 1 of 11 sampled residents (Resident #163) receiving oxygen by nasal cannula. Failure to administer oxygen according to the physician's order may result in complications and compromise the residents' respiratory status.<br><br>Findings include: | F 695 | 1. For resident #163, staff on shift during observations were reeducated on following physician orders for oxygen administration.<br><br>2. All residents on oxygen have the potential to be affected.<br><br>3. Reeducation on following physician orders for oxygen administration was | 3/20/24 |

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| F 695 | Continued From page 10<br><br>Review of a policy/procedure titled "Oxygen" occurred on 02/15/24. This policy/procedure, revised December 2023, stated, ". . . Turn the oxygen on as ordered by the physician . . ."<br><br>Review of Resident #163's medical record occurred on all days of survey and identified a diagnoses of dependence on supplemental oxygen. A physician's order, dated 11/14/23, stated, "Oxygen continuously at 1 LPM [liters per a minute] to maintain saturations above 88%. . ."<br><br>Observations on 02/12/24 at 11:11 a.m., 02/13/24 at 4:14 p.m., and 02/14/24 at 12:15 p.m. showed Resident #163 in a recliner without oxygen.<br><br>During an interview on 02/12/24 at 11:14 a.m., Resident #163 reported facility staff removed their continuous oxygen on the morning of 02/12/24 and did not notify the resident of the reasoning.<br><br>During an interview on 02/13/24 at 4:28 p.m., an administrative staff member (#9) confirmed Resident #163 should be on continuous oxygen per physician's orders. | F 695 | completed at the CNA Mentor meeting on February 27 and the nursing department meeting on March 7.<br><br>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 physician orders for oxygen administration are followed. The first quality assurance monitor will be compiled on March 13. 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. | |
| F 697 SS=D | Pain Management<br>CFR(s): 483.25(k)<br><br>§483.25(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. | F 697 | | 3/20/24 |

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| F 697 | Continued From page 11<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, policy review, and resident and staff interview, the facility failed to provide care and services to control pain for 1 of 3 sampled residents (Resident #17) investigated for pain management. Failure to administer pain medication as scheduled may have contributed to Resident #17 experiencing increased and/or unresolved pain.<br><br>Findings include:<br><br>Review of the facility policy titled "Medication Administration" occurred on 02/15/24. This policy, dated December 2023, stated, ". . . Scheduled medications may be given up to 1 hour before and 1 hour after the designated time. . . ."<br><br>Review of Resident #17's medical record occurred on all days of survey. The admission Minimum Data Set (MDS), dated 11/15/23, identified intact cognition and frequent pain rated "5" on a 0-10 scale, which affected her sleep and day to day activities occasionally and interfered with therapy activities almost constantly.<br><br>Resident #17's care plan stated, ". . . potential for pain R/T [related to] chronic back pain, diabetes, PVD [peripheral vascular disease]. . . . Resident's pain score goal is 0 [on a scale of 0-10]. . . . Administer analgesic as per orders & [and] monitor for relief obtained. . . . Monitor/document for probable cause of pain. Remove/limit causes where possible. . . ."<br><br>Physician orders included: | F 697 | 1. Nurses and MAII on shift during the observation were educated on pain control and timely administration of pain medications for resident #17.<br><br>2. All residents with pain have the potential to be affected.<br><br>3. Nurses and MAIIs were reeducated on pain control and timely administration of pain medications at the nursing department meeting on March 7.<br><br>4. The Unit Directors and Charge Nurses will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor timely administration of pain medications. The first quality assurance monitor will be compiled on March 13. 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 697 | Continued From page 12<br>* 01/28/24, "HYDROCO/APAP [hydrocodone/acetaminophen] [narcotic and non-narcotic analgesic combination] TAB [tablet] 5-325MG [milligram] TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AROUND THE CLOCK FOR SEVERE PAIN (Related Diagnoses: FIBROMYALGIA [a disorder that affects muscle and soft tissue characterized by chronic muscle pain, tenderness, fatigue and sleep disturbances]"<br>* 02/07/24, "Gabapentin [treats nerve pain] Oral Capsule 100 MG . . . Give 1 capsule by mouth three times a day related to FIBROMYALGIA"<br><br>During an interview on 02/12/24 at 2:50 p.m., Resident #17 stated, "Sometimes my meds [medications] are given late, like up to an hour late, and my pain meds wear off." The resident complained of hip, back, and shoulder pain and restless legs, and stated, "I can wait up to two hours to get my pain meds."<br><br>A report provided by an administrative nurse (#1) on 02/15/24 at 2:14 p.m. showed the exact time staff administered a medication and revealed the following:<br>* February 1-15, hydrocodone/apap given between 62 minutes to 133 minutes after the scheduled time on 11 of 58 occasions<br>* February 7-15, Gabapentin given between 63 to 117 minutes after the scheduled time on nine of 23 occasions<br><br>During an interview on 02/15/24 at 2:18 p.m., an administrative nurse (#1) stated she expected staff to administer medications 60 minutes before/after their scheduled administration time. | F 697 | | |
| F 758 | Free from Unnec Psychotropic Meds/PRN Use | F 758 | | 3/20/24 |

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| F 758 SS=D | Continued From page 13<br>CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;<br>(iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;<br><br>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br><br>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and<br><br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is | F 758 | | |

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| F 758 | Continued From page 14<br>appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents remained free from unnecessary psychotropic medications for 1 of 2 sampled residents (Resident #286) who received an as needed (PRN) psychotropic. Failure to limit PRN psychotropic use to 14 days unless reevaluated by a practitioner placed the resident as risk of receiving unnecessary medications and experiencing adverse drug effects.<br><br>Findings include:<br><br>Review of the facility policy titled "Medications-Psychotropic and Antipsychotic Medication Use" occurred on 02/15/24. This policy, dated August 2023, stated, ". . . The attending or prescribing health care provider must document the diagnosed specific condition and indication for the PRN medication in the medical record. When the extended use of a PRN psychotropic mediations is indicated (beyond 14 days), additional orders must be obtained. . . . Nursing staff will automatically send Health Care Provider a pre-made PRN Psychotropic Fax prior to day 14 if indication for | F 758 | 1. Practitioner reevaluated resident #286 and renewed PRN Ativan order on February 13.<br><br>2. All residents on PRN psychotropic medications have the potential to be affected.<br><br>3. Unit Clerk guideline for PRN psychotropic medications was updated to notify the nurse 4 days prior to when the medication is due to be discontinued or reordered to allow for notification and ensure practitioner response prior to 14 days. Guideline change was reviewed with Unit Clerks on February 22.<br><br>4. The Unit Directors, Charge Nurses, and Unit Clerks 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 PRN psychotropic medications are reevaluated within the appropriate timeframe. The first quality assurance | |

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| F 758 | Continued From page 15<br>use continues and there is no specific time frame for the PRN. . . . "<br><br>Review of Resident #286's medical record occurred on all days of survey. A physician's order, dated 01/27/24, included Ativan (antianxiety) 0.25 milligrams every four hours as needed for agitation. The physician renewed the order for the prn Ativan on 02/13/24 (4 days late).<br><br>During an interview on 02/15/24 at 10:30 a.m., an administrative nurse (#1) confirmed Resident #286's PRN Ativan failed to be reevaluated within 14 days. | F 758 | monitor will be compiled on March 13. 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. | |
| F 825 SS=D | Provide/Obtain Specialized Rehab Services<br>CFR(s): 483.65(a)(1)(2)<br><br>§483.65 Specialized rehabilitative services.<br>§483.65(a) Provision of services.<br>If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must-<br><br>§483.65(a)(1) Provide the required services; or<br><br>§483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. | F 825 | | 3/20/24 |

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| F 825 | Continued From page 16<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, review of facility policy, and staff and family interviews the facility failed to provide the required specialized rehabilitative services for 1 of 6 sampled residents (Resident #156) with orders for physical therapy evaluation and treatment. Failure to provide physical therapy services as ordered for Resident #156 may result in impaired strength, impaired mobility, and increased pain.<br><br>Findings include:<br><br>Review of the facility policy titled "Physician Orders" occurred on 02/15/24. This policy, revised April 2023, stated, ". . . It is the policy of [Facility Name] to complete physician orders in a timely manner to ensure appropriate care . . ."<br><br>Review of the facility policy titled "Physical Therapy, Occupational Therapy, and Speech Therapy" occurred on 02/15/24. This policy, revised April 2024, stated, ". . . To provide therapeutic environment for residents through written communication to Nursing staff to sustain functioning and/or prevent deterioration as able. . . ."<br><br>During an interview on 02/12/24 at 4:40 p.m., Resident #156's representative indicated the resident was not getting therapy to get stronger and help with his leg pain.<br><br>Review of Resident #156's medical record occurred on all days of survey. Diagnoses included West Nile virus encephalitis [inflammation of the brain], myalgia [muscle ache | F 825 | 1. For resident #156, physical therapy evaluated and created treatment plan on February 16.<br><br>2. All residents with orders for therapy have the potential to be affected.<br><br>3. Therapy orders from January 1 to February 20 were reviewed to ensure therapy services were provided as ordered. Physician Orders policy was updated to include a weekly review of therapy orders at the weekly IDT Medicare meeting to verify all orders for the previous week were received and initiated.<br><br>4. Therapy Directors 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 therapy services were provided as ordered. The first quality assurance monitor will be compiled on February 20. 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. | |

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| F 825 | Continued From page 17<br>and pain], and generalized weakness. A physician's order, dated 01/16/24, stated, "PT [physical therapy] to evaluate and treat, focus on lower extremities."<br><br>A physician's recertification progress note, dated 01/16/24, stated, ". . . Needs Physical therapy with focus on the lower extremities, specifically the right lower extremity. . . ROS [review of systems] . . . Musculoskeletal: Positive for myalgias. . . . Neurological: Positive for weakness. . . . Physical/Results . . . Musculoskeletal . . . Comments: Significant weakness of bilateral lower extremities, right slightly greater than left.<br>Has some contraction of right ankle noted as well. Mild pain in bilateral legs. . . . "<br><br>The medical record lacked documentation of a physical therapy evaluation or treatment plan.<br><br>During an interview on 02/15/24 at 11:40 a.m., an administrative nurse (#1) confirmed the facility failed to ensure physical therapy completed an evaluation and/or treatment plan for Resident #156. | F 825 | Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting. | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control | F 880 | | 3/20/24 |

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| F 880 | Continued From page 18<br>program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable | F 880 | | |

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| F 880 | Continued From page 19<br>disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy and staff interview, the facility failed to follow standards of infection control for 1 of 1 sampled resident (Resident #138) observed for medication administration via feeding tube and 1 of 1 sampled resident (Resident #91) on transmission-based precautions (TBP). Failure to follow infection control standards during medication administration and with TBP has the potential to transmit infections to residents, staff, and visitors.<br><br>Findings include:<br><br>MEDICATION ADMINISTRATION<br><br>Review of the facility policy titled "Medication Assistant Scope of Practice" occurred on | F 880 | 1. For resident #138, nurse on shift during observation was reeducated on infection control standards related to medication administration. For resident #91, nurse on shift during observation was reeducated on hand hygiene before touching other items after cleaning a suprapubic catheter and to remove all PPE at one time and then wash hands with soap and water before exiting a room in enteric precautions.<br><br>2. All residents have the potential to be affected.<br><br>3. Reeducation on infection control standards related to medication administration, changing gloves and hand | |

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| F 880 | Continued From page 20<br>02/14/24. This policy dated February 2023, stated, ". . . If a medication is dropped, it should be discarded. . . ."<br><br>Observation on 02/13/24 at 12:04 p.m., showed a staff nurse (#11) prepared medication for Resident #138. The staff nurse (#11) dropped a Guaifenesin tablet on the top of the cart. Using bare hand contact, picked up the pill, placed it into the medication cup, and administered it to the resident.<br><br>TRANSMISSION BASED PRECAUTIONS<br><br>Review of the facility policy titled "Isolation" occurred on 02/15/24. This policy, revised January 2024, stated, ". . . Transmission Based Precautions will be used for the care of persons with infections from highly transmissible . . . pathogens that cannot be controlled with Standard Precautions. It includes . . . Enteric Contact . . . Procedure: . . . 2. Gloves . . . wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items. B. Remove gloves after use, before touching noncontaminated items . . . C. Wash hands immediately after removal to avoid transfer of microorganisms . . . 4. Gown/Apron . . . B. Remove a soiled gown/apron as promptly as possible and wash hands to avoid transfer of microorganisms . . ."<br><br>Review of the facility policy titled "C-diff (Clostridium Difficile) - GI [gastrointestinal] (Enteric) Isolation" occurred on 02/15/24. This policy, revised February 2024, stated, ". . .GI (Enteric precautions are taken to prevent infections that are transmitted primarily by direct | F 880 | hygiene when moving from dirty to clean tasks, removing all PPE at one time, and washing hands with soap and water when exiting a room on enteric precautions was completed at nursing department meeting on March 7.<br><br>4. The Unit Directors and Charge 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 infection control standards related to medication administration are followed and hand hygiene during suprapubic catheter cleaning and PPE removal are performed correctly. The first quality assurance monitor will be compiled on March 13. 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. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355128 | A. BUILDING _____ B. WING _____ | C 02/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MISSOURI SLOPE** | **4916 N WASHINGTON 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) COMPLETION DATE |
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| F 880 | Continued From page 21 | F 880 | | |

or indirect contact with fecal material. . . . Procedure: . . . 3. Handwashing is the most important preventative measure. Hand sanitizer is not effective against C-Diff. . . . Wash hands with soap and water prior to leaving the resident's room."

Review of the facility policy titled " Hand Hygiene, Artificial Nails" occurred on 02/15/24. This policy, revised November 2023, stated, ". . . Hand hygiene is considered the single most important procedure for preventing the spread of health-care associated infections . . . A. Indications for Hand Hygiene: . . . 8. Soap and water should be used . . . after caring for a patient with known or suspected C. difficile. . . ."

Review of Resident #91's medical record occurred on all days of survey. Diagnoses included C. Difficile. A nursing progress note, dated 01/24/24 at 1:22 p.m., stated, ". . . Resident had the suprapubic catheter placed today. . . ."

Observation on 02/12/24 at 12:48 p.m. showed an isolation sign on Resident #91's door. The sign stated, ". . . Gastrointestinal (Enteric) . . . Wear gloves when entering room . . . Wear gown when entering room . . . Remove PPE [personal protective equipment] and wash hands with soap and water before leaving room . . . "

Observation on 02/14/24 at 9:25 a.m., showed a nurse (#8) entered the room in a gown and gloves. The nurse (#8) removed the soiled dressing from the suprapubic site, removed gloves, and performed hand hygiene. The nurse (#8) donned clean gloves, cleansed suprapubic

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| F 880 | Continued From page 22<br>catheter site and suprapubic tube with gauze sponge moistened with soap and water, and without removing gloves or performing hand hygiene, placed a new split gauze, reached into the pocket of her uniform top, removed a roll of tape, pushed up glasses, taped the split gauze, and placed the tape back in her uniform pocket. The nurse (#8) removed her gloves, washed her hands with soap and water, removed her isolation gown, performed hand hygiene with hand sanitizer, and left the room.<br><br>The nurse (#8) failed to remove her soiled gloves and perform hand hygiene after cleaning the suprapubic catheter site and tube, and before touching other items. The nurse failed to remove all PPE at once and wash her hands with soap and water before exiting Resident #91's room.<br><br>During an interview on 02/14/24 at 3:25 p.m., an administrative nurse (#1) stated she expected staff to change gloves and perform hand hygiene when moving from dirty to clean tasks, and remove all PPE at one time, then wash hands with soap and water prior to exiting Resident #91's room. | F 880 | | |