STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355093	A. BUILDING _____ B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BOTTINEAU	725 E 10TH ST BOTTINEAU, ND 58318

(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 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to review/revise the comprehensive care plan to reflect the current status of 1 of 14 sampled residents (Resident #20). Failure to revise the care plan limited the ability of staff to communicate care needs and ensure continuity	F 657	1. Resident #20□s care plan has been updated to reflect that resident has altered respiratory status/breathing problems related to COPD evidenced by respiratory treatments to manage symptoms. The intervention includes oxygen per MD order.	9/19/19

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

Electronically Signed | 09/04/2019

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F 657	Continued From page 1 of care for the resident. Findings include: Review of the facility policy titled "Care Plan" occurred on 08/13/19. This policy, revised November 2016, stated, ". . . this care plan will be modified to reflect the care currently required/provided for the resident. . . ." Review of Resident #20's medical record occurred on all days of the survey. The current care plan stated, ". . . The resident has oxygen therapy R/T [related to] COPD [chronic obstructive pulmonary disease] E/B [evidenced by] requires continuous oxygen. . . ." Observation on 08/12/19 at 3:30 p.m. showed Resident #20 sat in her wheelchair in the north day room without a portable oxygen tank or a nasal cannula. Observation on 08/13/19 at 8:30 a.m., showed Resident #20 sat in her wheelchair in the dining room without a portable oxygen tank or a nasal cannula. During an interview the morning of 08/14/19, an administrative nurse (#2) confirmed Resident #20 does not wear continuous oxygen.	F 657	2. All current residents have the potential to have a care plan not updated. 3. The MDS nurse will update care plans quarterly during the MDS assessment. The Unit Managers will update care plans daily as needed when orders are received. Education will be provided to nursing staff at the mandatory nurse/CNA meeting on September 5, 2019. Those not in attendance must watch recorded video within 7 days or before next scheduled shift if after 7 days. We will be reviewing Policy and Procedure titled, Care Plan. 4. An audit tool will be developed to monitor care plans being updated appropriately. Audit will completed by DNS or Designee as scheduled: 2 care plans weekly X 4 weeks, then 5 care plans monthly X 5 months, then 4 care plans quarterly X 2 months. Findings will be reported to QAPI committee for further recommendations. 5. September 19, 2019.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684		9/19/19

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F 684	Continued From page 2 that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to provide care and services to ensure safe positioning at meals for 1 of 8 sampled residents (Resident #20) requiring assistance with positioning. Failure to ensure proper mealtime positioning limited Resident #20's ability for highest possible level of functioning and has the potential to cause a negative outcome to her physical, or psychosocial health and well-being. Findings include: Review of the facility policy titled "Mobility support and positioning: Positioning" occured on 08/14/19. This policy, revised, October 2017, stated, ". . . To position those residents unable to position/reposition independently. . . ." Review of Resident #20's medical record occurred on all days of survey. The current care plan stated, ". . . Resident is able to feed self independently with set up. . . ." Observation on 8/13/19 at 8:27 a.m., 8/14/19 at 7:54 a.m., and 8/14/19 12:20 p.m., showed Resident #20 sat in her wheelchair at the dining room table. Resident #20's wheelchair foot pedals were elevated and extended in front of her which caused her to be positioned approximately twelve inches away from the dining room table which made it difficult for her to	F 684	1. Resident #20 was assessed for proper positioning during meals by Director of Nursing and Unit Manager on 8/14/19. Resident was too far from table making it difficult for her to get the food from her plate to her mouth. An over bed table was placed in front of resident to accommodate her ability to feed self independently. Care plan has been updated: over the bed table at dining spot to assist with being able to reach food. 2. All current residents have the potential to need accommodation at meal time. 3. Director of Food and Nutrition or designee will complete dining room audits at various mealtimes to ensure that each resident is able to reach their plate. Education will be provided to nursing staff and dietary staff at the ALL Staff meeting on September 5, 2019. Those not in attendance must watch recorded video within 7 days or before next scheduled shift if after 7 days. We will be reviewing Policy and Procedure titled, Mobility Support and Positioning: Positioning and Routine Practice. 4. An audit tool will be developed to monitor care plans being updated appropriately. Audit will completed by Director of Food and Nutrition or	

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F 684	Continued From page 3 get the food from her plate to her mouth. The resident's care plan failed to identify interventions to ensure proper positioning during meals to ensure Resident #20 functioned at her highest possible level and remained able to feed herself. During an interview on the 08/14/19 at 8:35 a.m., and administrative nurse (#2) agreed Resident #20 was not positioned properly at the dining room table.	F 684	Designee as scheduled: 3 meals weekly X 2 weeks, then 1 meal weekly X 4 weeks, then 1 meal monthly X 5 months, then 1 meal quarterly X 2 months. Findings will be reported to QAPI committee for further recommendations. 5. September 19, 2019.	
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of	F 801		8/29/19

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F 801	Continued From page 4 supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and	F 801		

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F 801	Continued From page 5 (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure the dietary manager received the necessary education to obtain the required qualifications to hold the director of food and nutrition for 1 of 1 dietary manager (#1). Failure to ensure qualified staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition services has the potential to result in foodborne illness to residents, staff, and visitors. During an interview on 08/12/19 at 11:30 a.m., a dietary manager (#1) stated, "I have started the process of getting my CDM [certified dietary manager]." Upon request, on 08/14/19, the facility failed to provide evidence of staff member (#1) completing the required education of CDM, certified food service manager, or a national certification for food service management and safety from a national certifying body. The facility failed to provide the necessary training in food and nutrition services to carry out daily operation duties.	F 801	1. Facility failed to ensure the director of food and nutrition received the necessary education to obtain the required qualifications to hold the director of food and nutrition position. 2. All current residents, staff, and visitors have the potential to be affected by an unqualified director of food and nutrition. 3. The director of food and nutrition was given education, and completed the International Food Service Executives Association (IFSEA) Certified Food Manager certification on 8/29/2019. The director of food and nutrition is also currently enrolled in the UND Nutrition & Foodservice Professional Training Program and is required to complete within 12 months from enrollment date and no later than 18 months with extensions that are available. Upon completion of course, certificate of completion will be obtained to take ANFP Credentialing Exam within 3 months of completion of training program. 4. An audit tool will be developed to monitor the Director of Food and Nutrition's progress through the Certified Dietary Manager course. Audit will be	

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F 801	Continued From page 6	F 801	completed by Administrator or Designee as scheduled: bi-weekly until certification is complete. Findings will be reported to QAPI committee for further recommendations. 5. August 28, 2019.	