DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355054	A. BUILDING _____ B. WING _____	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST HEALTHCARE SERVS	802 2ND ST NW BOWMAN, ND 58623

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on November 12, 2013 and completed on November 14, 2013 the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.	F 156	11/13/2013 Review of billing records for residents #3, #10, and #12 reflected that an incorrect explanation had been given regarding their options as their Medicare benefits ended. 1. Notified residents (#3 and #12--#10 was a closed record) or their authorized representative and have issued a SNF ABN which stated that skilled Medicare services would be discontinued, the effective date and the reasons for the discontinuation of benefits. Explanation was given regarding Option #1 being checked, which meant that they wished to have a demand bill sent and that they wanted Medicare to make the decision whether or not they qualified to receive these services. Upon receiving this explanation, all residents stated that they had understood at the time of the denial that a demand bill would not be sent to Medicare, even though Option #1 had been checked. Residents stated that they did not want the demand bill sent to Medicare at this time and that the services given would be their responsibility.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Becky Hansen | TITLE: CEO | (X6) DATE: 12/10/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 156	Continued From page 1 The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.	F 156	2. 11/18/2013 Notified all residents (or their authorized representative) who have received skilled Medicare services from 1/1/2013 to date and have issued a SNF ABN which stated that skilled Medicare services would be discontinued, the effective date and the reasons for the discontinuation of benefits. Explanation was given regarding Option #1 being checked, which meant that they wished to have a demand bill sent and that they wanted Medicare to make the decision whether or not they qualified to receive these services. Upon receiving this explanation, all residents stated that they had understood at the time of the denial that a demand bill would not be sent to Medicare, even though Option #1 had been checked. All residents stated that they did not want the demand bill sent to Medicare at this time and that the services given would be their responsibility. All residents who would become Medicare eligible would have potential to be affected by this, therefore, training and processes will be implemented to prevent this. 3. Clarification has been made on the Notice of Medicare Non-Coverage (SNF ABN) to help with any misunderstanding of the Options they have to check. At the end of Option #1 or Option #2 statement is made in Red. Option #1: Yes I Want A Demand Bill, Option #2: No I Do Not Want A Demand Bill.	

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F 156	Continued From page 2 The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 11/15/12. Based on review of Medicare billing records and staff interview, the facility failed to ensure 1 of 1 sampled resident (Resident #3) and 2 of 2 supplemental residents (Resident #11 and #12) whose Medicare coverage ended, understood their options regarding Medicare Part A benefits, including the option to request a demand bill. Failure to provide an explanation of demand billing and submit demand bills is a violation of resident rights. This failure has the potential to affect all Medicare beneficiaries at this facility. Findings include: Review of the facility's Medicare billing records occurred on 11/13/13. The records identified Resident #3, #11, and #12's Medicare coverage ended on the following dates: *Resident #3: 08/23/13	F 156	Medicare meetings will be held on a weekly basis with the following departments attending: DON's, Social Service, MDS Coordinator, PT/OT and Reimbursement Specialist. Each resident will be reviewed to determine if they still meet the qualifications for skilled Medicare services. During the meeting if it is determined the resident/s no longer meet the requirements a (SNFABN) Notice of Medicare Provider of Non-Coverage will be completed by the team to ensure that the proper reasoning is documented on the notice. The resident or authorized representative will be given 48 hour notice either in person or via the telephone explaining they no longer qualify for Skilled Medicare Services and the reasons why. It will be explained they have the right to request a demand bill at which time Medicare will make the determination instead of the facility. It will also be explained that we can do an immediate demand bill or who to contact if they do not wish to make a decision at this time. However, they only have 30 days to appeal. Original copy will then be placed in the resident file. Plan of correction was Implemented on November 18, 2013 see attached copy of notice given. Training was held on 11/20/2013 regarding this notification process to residents (see attached). 4.100% of all letters will be submitted to our quarterly QA committee for review to ensure accuracy.	11.20.13

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F 156	Continued From page 3 *Resident #11: 07/28/13 *Resident #12: 07/11/13 The above residents received a "Skilled Nursing Facility Advance Beneficiary Notice [SNFABN]" (a denial notice - including the option to request a demand bill). The form included the following two options: *"Option 1. YES I want to receive these items or services. I understand that Medicare will not decide whether to pay unless I receive these items or services. I understand you will notify me when my claim is submitted and that you will not bill me for these items or services until Medicare makes its decision. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand that I can appeal Medicare's decision." (This option should be selected to request a demand bill). *"Option 2. NO. I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I understand that, in the case of any physician-ordered items or services, I should notify my doctor who ordered them that I did not receive them." Resident #3, #11, and #12's denial notices identified the residents (or their responsible parties) selected "Option 1" [requesting a demand bill]; however facility staff failed to submit demand bills for these residents. During an interview on the afternoon of 11/13/13, an office manager (#1) stated she explained to	F 156		

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F 156	Continued From page 4 residents and/or their responsible parties to select "Option 1" if they wanted to continue services as before. This staff member confirmed she failed to submit demand bills for these residents.	F 156		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of professional literature, and staff interview, the facility failed to properly prepare the sanitizing solution per manufacturer's guidelines in 1 of 1 kitchen and 1 of 1 dining area. Failure to prepare the sanitizing solution according to manufacturer's guidelines may result in ineffective sanitization of food contact surfaces and dining room tables. Findings include: The Servsafe Manager 6th edition, chapter ten page 10.3 stated, "Sanitizer Effectiveness . . . Hard water, food bits, and leftover detergent can reduce the solutions's effectiveness. Change the solution when it looks dirty or its concentration is too low. Check the concentration often. . . .	F 371	1. All residents are affected by food sanitation practices. 11/15/2013 Verbal instruction given to staff regarding proper procedure for cleansing the following areas: dish washing area, dietary counter and resident dining room tables. 2. No other areas found other than those listed above. 3. 11/20/2013 Policy initiated for proper sanitation and manufacturer's guidelines of chlorine test papers. See attachment. 11/20/2013 Staff educated on Sanitation Procedure for Food Contact Surfaces policy. See attachment. 4. 11/20/2013 Each of the following areas will be monitored daily for compliance: dish washing area, dietary counter and resident dining room tables. FSS and/or Designee will report findings to QA Committee. Each quarter for four quarters. See attachments.	11/20/13

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F 371	Continued From page 5 General Guidelines for the Effective use of Chlorine . . . Sanitizer concentration 50-99 ppm (parts per million) . . ." During the initial tour of the kitchen on 11/12/13 at 10:15 a.m., a dietary staff member (#2) tested a sanitization bucket (used on food contact surfaces) sitting in the dish washing area. The solution tested less than 10 ppm. During the full kitchen tour on 11/14/13 at 8 a.m., an administrative dietary staff member (#3) tested a sanitation bucket (used on food contact areas)sitting on the counter. The solution tested at 10 ppm. Observation on 11/14/13 at 12:50 p.m. showed a dietary staff member (#4) using a cloth from the sanitation bucket to wipe the tables in the dining area. When asked to check the chemical level of the sanitation bucket, the staff member (#4) stated she was not aware she needed to check the chemical level. An unidentified dietary staff member tested the solution. The solution tested at 10 ppm. The unidentified dietary staff member confirmed the sanitizing concentration was too low. During an interview on 11/14/13 at 8:05 a.m., an administrative dietary staff member (#3) stated the sanitizing solution is checked once daily and staff change the solution after each meal. During an interview on the afternoon of 11/14/13, an administrative dietary staff member (#3) confirmed the sanitizing concentration needs to test at 50-100 ppm. Upon request the facility failed to provide a facility policy and manufacturer's guidelines for testing chlorine	F 371		

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F 371	Continued From page 6 sanitizing solution.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431	1. 11/15/2013 Review of the MARS of the Residents that were receiving PRN Ativan was completed to assure that all residents receiving Ativan was included in the narcotic count. See attachment. 2. 11/20/2013 Review of all Resident MARS was completed to determine if all Scheduled II medications (scheduled or PRN) are being counted. Review of all Resident MARS was also completed to determine if Scheduled III, IV, or V PRN narcotics are being counted. See attachment 3. The deficiency was corrected on 11/15/13. Following MAR review for those Residents receiving PRN Ativan. Education of nurses and CMA's was completed by 12/2/2013 on change in policies; Controlled Substances and Pharmacy Policy/ Procedures. See attachments. 4.4. DON/Designee will perform QA to monitor compliance: monthly for 3 months and then quarterly X 4 quarters. See attachment. Started 11/22/13	~~11/20/13~~ 12/2/13 per TC Charlene Hansen

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F 431	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure periodic reconciliation (accountability) of prn (as needed) Scheduled IV (Ativan) controlled medications for 2 of 2 medication carts (Unit #1 and Unit #2). Failure to periodically reconcile Ativan has the potential to result in medication errors and loss or diversion of medications. Findings include: Observation of the medication carts occurred on 11/14/13 at 10:45 a.m. with a medication aide (#5). During reconciliation of controlled medications, the monitoring log lacked inclusion of prn Ativan (a controlled antianxiety medication). The staff member (#5) confirmed the lack of monitoring/counting of prn Ativan. During an interview on the afternoon of 11/14/13 two administrative nursing staff members (#6 and #7) confirmed staff failed to reconcile/count prn controlled medications.	F 431		