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 _____	11/25/2015

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

(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 For the standard Medicare/Medicaid recertification survey started on 11/23/15 and completed on 11/25/15, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sampled included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a	F 278		12/11/15

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

Electronically Signed | 12/11/2015

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F 278	Continued From page 1 material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (Version 3.0), the facility failed to ensure the Minimum Data Sets (MDS) accurately reflected a resident's status for 1 of 1 sampled resident (Resident #4) coded for delusions. Failure to code the MDS correctly does not provide an accurate assessment of the resident's current status and needs. Findings include: The Long-Term Care Facility RAI User's Manual Version 3.0, October 2015, stated the following: * Page E-2 and E-3, "E0100: Potential Indicators of Psychosis . . . Coding Instructions . . . Code based on behaviors observed and/or thoughts expressed in the last 7 days rather than the presence of a medical diagnosis. . . . Check E0100B, delusions: if delusions were present in the last 7 days. A delusion is a fixed, false belief not shared by others that the resident holds true even in the face of evidence to the contrary. . . . Coding Tips and Special Populations . . . If a belief cannot be objectively shown to be false, or it is not possible to determine whether it is false, do not code it as a delusion. . . . If a resident expresses a false belief but easily accepts a reasonable alternative explanation, do not code it as a delusion. If the resident continues to insist that the belief is correct despite an explanation or direct evidence to the contrary, code as a	F 278	1) Residents #4's most recent MDS (10/8/2015) was modified to reflect "no" under E0100 on 12/08/2015. 2) All other residents most recent MDS were checked and none were coded yes on E0100 A or B. This was completed on 12/7/2015. 3) Staff will be educated in regards to the definitions of delusions and hallucinations, documentation and investigation and the coding of the MDS related to delusions and hallucinations. Education will be addressed with RN/LPNs, CNAs, Activities and Social Services. This will be completed by 12/11/15. 4) Section E0100 will be assessed by the LSW and/or designee prior to the MDS being exported and assuring that if coded correctly in accordance with RAI definition of delusions and hallucinations. SS will report to the QA committee for the next 4 quarters starting in December of 2015.	

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F 278	Continued From page 2 delusion." Review of Resident #4's record occurred on all days of survey. Diagnoses included major depressive disorder. The annual MDS, dated 10/08/15, identified mild cognitive impairment and delusions during the seven day assessment period. A nurse progress note, dated 10/04/15, referred to a certified nursing assistant (CNA) note, dated 10/02/15. This note stated, "@ [at] 1830 [6:30 p.m.] I went in to residents [Resident #4] room to see if she was ready to take her shower. Before I even was in the room she was talking/complaining and crying to herself saying that the kitchen is trying to poison her." A CNA note, written at 10:47 p.m., stated, "She [Resident #4] said that they had given her too small of a portion and put ?rhubarb leaves? on top of her hot dish. She then stated that she was never going to eat there again she would rather go hungry." The facility failed to identify if Resident #4 would accept a reasonable alternative explanation to her thought of poisoned food or rhubarb leaves on her food. During an interview on 11/25/15 at 11:00 a.m., an administrative nurse (#1) agreed Resident #4's MDS should not have been coded for delusions.	F 278		