| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355046 | A. BUILDING _____ B. WING _____ | C 02/08/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **GOLDEN ACRES MANOR** | **1 E MAIN ST CARRINGTON, ND 58421** |

| (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<br><br>An unannounced onsite complaint survey was completed on February 08, 2021. The team conducted observations, interviews, and reviewed five records. A deficiency was cited at F580. | F 000 | | |
| F 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment | F 580 | | 3/26/21 |

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

Electronically Signed | 03/02/2021

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| F 580 | Continued From page 1<br>as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br>This REQUIREMENT is not met as evidenced by:<br>Based on information provided by the complainant, record review, review of facility's policy, and staff interview, the facility failed to notify the resident representative for 1 of 5 sampled residents (Resident #5) who experienced a fall. Failure to promptly notify the resident representative of a fall limits their ability to make informed decisions regarding medical care.<br><br>Findings include:<br><br>Review of the facility policy titled "Golden Acres Manor Fall and Injury Assessment Policy" occurred on 02/08/21. This policy, dated 02/08/18, stated, ". . . Notify the resident representative as requested on the resident chart . . ." | F 580 | F580<br>1. Staff were reeducated on resident #5 Golden Acres Manor Notification Request form to review the resident'□s request for notification to their representative of any accident or incident.<br>2. Any resident sustaining a fall has the potential to be affected by this policy.<br>3. Nursing staff will be reeducated on the Fall and Injury Assessment Policy dated 2-8-18 and the Golden Acres Manor Notification Request form. Signs have been placed at each nurses□ station as a reminder of the steps for representative notification for falls.<br>4. The compliance coordinator or designee will monitor representative notification for falls per the resident□s | |

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| F 580 | Continued From page 2<br><br>Information received from the complainant indicated the facility staff failed to notify the resident's representative of a fall in a timely matter.<br><br>Review of Resident #5's medical record occurred on 02/09/21. Review of the "Notification of Accidents Incidents and release of Information" form indicated the family representative wanted to be notified of falls.<br><br>The medical record lacked evidence the staff notified the resident representative after Resident #5's falls on 01/02/21 and 01/25/21.<br><br>During an interview on 02/09/21 at 4:25 p.m., an administrative nurse (#1) confirmed staff failed to notify Resident #5's representative of the falls. | F 580 | individual Notification Request Form for compliance every week times one month, monthly times two months and quarterly for three quarters. Findings will be reported to the Compliance Coordinator/QA Committee. | |