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 _____	03/05/2020

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 The Standard Medicare/Medicaid recertification survey started on 03/02/20 and concluded 03/05/20.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to ensure residents received adequate supervision and/or monitoring to prevent elopements and/or extended personal outings from the facility for 1 of 1 sampled resident (Resident #44). Failure to provide adequate supervision and monitoring may result in avoidable accidents an/or injury. Findings include: Observations on 03/02/20 showed the following: * At 1:50 p.m. - Resident #44 walking outside across the street from the facility. * At 4:55 p.m. - Resident #44 at the nurses' station signing the "Resident Sign Out Sheet" for return to the facility carrying a grocery bag. Review of Resident #44's medical record occurred on all days of the survey. The current care plan stated, ". . . At risk for elopement due to	F 689	F689 1. The Care Plan for resident #44 has been updated. The staff will be educated on the updated policy Signing Residents Out and how to accurately complete the Resident Sign Out Sheet. Supervision will be provided by the nurse as directed by guardian and searched for if outing surpass the designated time allotted. 2. Any resident going on personal outings that have directives from a guardian as to length of time being gone from facility have the potential to be affected by this policy. 3. The Signing Residents Out Policy has been updated to include a staff nurse or CNA to initial the sign out log with the resident or responsible party upon leaving and returning from personal outings. The Nurse will be responsible to initiate any action needed for residents that do not	4/8/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/03/2020

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F 689	Continued From page 1 mental illness . . . Use verbal and if necessary physical cues for redirection to persuade [sic] exit-seeking behaviors . . . Use diversional activities when exit-seeking behavior is occurrig [sic] . . . Seek referral for a mental health evaluation from primary care physician as needed . . . Offer reassurance when distressed over placement . . . Refer to social services as needed . . . Elopement assessment at time of admission and then at least quarterly . . . Allow resident to call close family/friend for reassurance when exit-seeking behaviors occurring . . . Involve resident in activities of their liking . . . May appear to look as if he is a visitor . . . See outing restriction guidelines [discontinued 03/05/20] . . . [Resident name] likes to go out walking to the store, park or [local motel] . . . When signing [Resident name] out, please remind him of the time frame . . . Staff signing him out needs to be aware of the time and alert staff if he has not returned to go look for him . . ." The outing restriction guidelines, updated 09/26/19, stated, ". . . You may go out any day of the week for 1 hour and 30 minutes at a time between the hours of 10 am - 3 pm. Please let your nurse . . . know you are leaving . . ." These guidelines discussed between the resident's guardian and social work and signed by Resident #44. Review of "Elopement Risk Assessment," dated 02/11/20, indicated Resident #44 was not considered at risk for elopement. The "Resident Sign Out Sheet" and progress notes identified the following: * 02/22/20 at 1:11 p.m. - The sign-out sheet	F 689	return as per guidelines set forth by their guardian. Staff will be educated by posting policy and sign out sheets at the nurses stations. Also placed in conference room in the staff daily updates with areas changed highlighted. 4. Social Worker will monitor the sign out log for compliance with any guidelines set forth by guardian daily times one week. Weekly times one month and Monthly times one quarter. Findings will be reported to the Compliance Coordinator/QA committee. Will begin after quarantine lifted.	

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F 689	Continued From page 2	F 689		

showed the resident signed out to go for a walk and returned to facility at 6:15 p.m. [5 hours out of facility, documentation lacked follow-up after 1.5 hours]
* 02/22/20 at 7:04 p.m. - "Resident left the facility at 1310 [1:10 p.m.] today for a walk. [Nurse name] was at desk when he left. He also told her that he is going for a walk. Resident did not return to facility until 1815 [6:15 p.m.]. His phone was left in his room during this time. . . ."
* 02/29/20 at 1:48 p.m. - The sign-out sheet showed the resident signed out to go for a walk to the grocery store and failed to sign return time.
* 02/29/20 at 7:01 p.m. - "Resident in front of facility visiting in new friend's vehicle at 1815 [6:15 p.m.]. Resident had signed out of facility at approximately 1345 [1:45 p.m., 4.5 hours out of facility] and had not returned. This nurse and [nurse name], RN/RCC [Registered Nurse/Resident Care Coordinator] asked [resident name] to come in to the building. [Resident name] was reminded of his outing guidelines put in place by . . . his brother/guardian, and that staff were concerned when he did not return within the required time frame. [Resident name] apologetic and understanding that staff want to ensure he is safe and that guidelines are in place to help assist staff in that . . ."
* 02/29/20 at 7:24 p.m. - "[Resident name] did have a functional cell phone in his jacket pocket. He has 2 old phones in his room. Resident was praised for having his phone with him."
* 03/02/20 at 1:50 p.m. - The sign-out log showed the resident signed out to go for a walk to the grocery store and returned to the facility at 4:53 p.m. [3 hours out of the facility]
* 03/02/20 at 5:03 p.m. - "[Social Worker] made

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F 689	Continued From page 3 another call to . . . resident's guardian and brother. Informed him of resident's outtings [sic] that have exceeded 1.5 hours away . . ." * 03/02/2020 at 7:49 p.m. - "Late entry for 3/2/20 at 1454 [2:54 p.m.]: [Resident name] returned to GAM [Golden Acres Manor] after haven [sic] been called by the Social worker . . . because he did not return to the facility when expected. [Social worker name] stated that she had talked to [Resident name] brother on the phone and he said that [Resident name] is not to go out of the facility again until he talks to him . . ." During an interview on 03/03/20 at 5:25 p.m., Resident #44 stated he was out longer than allowed [greater than 1.5 hours] and staff had not been out to find him. During an interview on 03/05/20 at 10:00 a.m., an administrative staff member (#1) stated Resident #44 is not exit seeking or an elopement risk and confirmed staff did not go looking for the resident after 1.5 hours. If the resident had not returned for evening meal, staff would go looking for the resident. The facility failed to: * Modify/update interventions on care plan * Accurately complete sign-out sheet * Provide adequate supervision when out of the facility [between 10 a.m. - 3 p.m.] * Search for Resident #44 after being out of facility longer than 1.5 hours	F 689		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug	F 758		4/8/20

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F 758	Continued From page 4	F 758		

that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

Based on a comprehensive assessment of a resident, the facility must ensure that---

§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;

§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;

§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

§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 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.

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F 758	Continued From page 5 §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. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure each resident's medication regimen was free from unnecessary medications for 1 of 1 sampled resident (Resident #45) who received an as needed (PRN) psychotropic medication. Failure to include documentation regarding the clinical justification/specific circumstances for continued use of the PRN psychotropic medication beyond 14 days and failure to establish a specific start and stop date may result in the resident receiving a medication for an excessive duration and/or experiencing adverse side effects related to its use. Findings include: Review of the facility policy titled "Use of Psychotropic Drugs" occurred on 03/05/20. This policy, dated 11/28/17, stated ". . . PRN orders for psychotropic drugs are limited to 14 days, except as provided if the attending physician or prescribing practitioner believes that it is 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. . . ." Review of Resident #45's medical record occurred on all days of survey. A physician's	F 758	F758 1. A new order has been obtained for Resident #45 to continue the use of PRN Ativan with rationale and Diagnosis for her terminal condition. 2. Any resident under Comfort Care Protocol has the potential to be affected by this. 3. The form Psychotropic PRN Medication Review has been updated to include rationale related to the terminal condition requiring Comfort Care Protocol. Staff will be educated by posting the Psychotropic Medication Review form at the nurses stations. Also placed in conference room in the staff daily updates with areas changed highlighted. 4. Director of Nursing will monitor psychotropic PRN medication reviews on all residents with PRN psychotropic medications every two weeks times one month. Monthly times one quarter and quarterly times one year. Findings will be reported to the Compliance Coordinator/QA Committee.	

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F 758	Continued From page 6 order for Ativan (antianxiety medication), dated 07/22/19, stated, "Give 0.5 mg [milligrams] - 1 mg by mouth/Per Rectum/Sublingual every 4 hours PRN Restlessness or Anxiety." Review of Resident #45's medication administration record (MAR), from 12/01/19 to 03/05/20, showed no administration of PRN Ativan. Review of the form titled "Psychotropic PRN Medication Review," dated 02/12/20, stated, ". . . Diagnoses . . . Dementia, Suspected Rectal Carcinoma . . . Rationale for continued use: Discontinuation of the listed medication would not achieve the desired therapeutic effects and the current dose is necessary to maintain or improve the resident's functions, well-being, safety and quality of life . . . Continued use is in accordance with current standards of practice for previously stated diagnosis and any attempt for dose reduction would likely impair the resident's function or exacerbate an underlying medical or psychiatric disorder. . . . Duration of above Order . . . Until seen on next rounds . . ." During an interview on 03/05/20 at 10:00 a.m., an administrative nurse (#1) stated Resident #45 had not received any PRN Ativan since the physician ordered it in July. The facility failed to obtain an order to extend or discontinue the Ativan beyond the original 14 days, including the rational/specific circumstances for its extended use and a specific start and stop date established by the prescriber.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals	F 761		4/8/20

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F 761	Continued From page 7 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) 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. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide safe and secure storage of medications for 1 of 3 medication carts (Grove unit) during observation of medication pass. Failure to store all medications securely may result in unauthorized access to medications. Findings include: Review of the facility policy titled "Controlled Substances" occurred on 03/05/20. This policy,	F 761	F761 1. The medication cart will be locked at all times when not being accessed to dispense medications. 2. All medication cart has the potential to be left unlocked. 3. Signs have been placed on each medication cart as a reminder to keep the cart locked at all times. Nursing staff will be reeducated on keeping the carts locked.	

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F 761	Continued From page 8 revised January 2020, stated ". . . The medication cart . . . must remain locked at all times except when being accessed to dispense medications for residents. . . ." Observation on the morning of 03/02/20 showed a staff nurse (#3) left the medication cart to deliver medications to residents down the hallway. The medication cart remained unlocked, unattended, and not within the nurse's view. During an interview on the morning of 03/05/20, an administrative nurse (#1) confirmed she expected the medication cart to be locked at all times when not being accessed to dispense medications.	F 761	4. Director of nursing will monitor to assure medication carts are being locked at all times when not being accessed to dispense medication weekly times one-month, monthly times one quarter and quarterly times one year. Findings will be reported to the Compliance Coordinator/QA Committee.	