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 _____	04/19/2018

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 04/16/18 and concluded on 04/19/18.	F 000		
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the	F 578		5/17/18

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

Electronically Signed | 04/30/2018

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F 578	Continued From page 1 individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure the medical record for 1 of 16 sampled residents (Resident #58) accurately reflected the resident's Advanced Directive requesting CPR (cardiopulmonary resuscitation). Failure to ensure Resident #58's medical record accurately reflected her wishes has the potential to limit her access to life-sustaining services. Findings include: Review of the facility policy titled "Advanced Directives" occurred on 04/19/18. This policy, dated 01/04/17, stated, ". . . Golden Acres Manor will identify, clarify and periodically review the Code Status Orders as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions. . . . Golden Acres Manor will have mechanisms in place to document and communicate resident's choices to the interdisciplinary team, i.e.; such as care planning and /or Code Status Orders. . . ." Review of Resident #58's medical record occurred on all days of survey. The electronic	F 578	1. Care Status Order (CSO) for resident #58 was updated immediately upon notification. 2. All residents have the potential to be affected by this. QA committee will audit all current charts for accuracy of the CSO status. 3. CSO□s are reviewed periodically. The ward clerk, MDS nurses, and administrative nurses will be educated on the data entry process of the CSO status on May 1, 2018. After a review has been completed, the updated CSO will be given to the ward clerk or designee to ensure all areas of the EMR are data entered accurately. 4. The Compliance Coordinator will verify the CSO on all new admissions and any reviewed Care Status Orders for accuracy of data entry weekly times four weeks, then monthly times one quarter and quarterly there after. This review will be reported to the QA committee.	

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F 578	Continued From page 2 health record, the face sheet, and a bold sticker in the paper chart identified, "DNR [do not resuscitate]." This is inconsistent with the "Care Status Orders" form located in the paper chart, signed and dated by the resident, the resident's guardian and the primary care provider on 02/02/18, which identified, "CPR only". The quarterly Minimum Data Set (MDS), dated 12/20/17 and the most recent quarterly MDS dated 03/20/18, identified Resident #58 as cognitively intact. During an interview on 04/19/18 at 2:05 p.m., an administrative nurse (#1) confirmed inconsistencies regarding the CPR status throughout Resident #58's medical record.	F 578		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to	F 686	1. Firm soled positioning boot (Podus Boot) was changed to a pillow-like	5/17/18

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F 686	Continued From page 3 provide the necessary care and services to prevent/minimize the potential for the development of a pressure ulcer for 1 of 2 sampled residents (Resident #47) with a pressure ulcer. Failure to evaluate risk factors prior to implementing a medical device and monitor its use may have resulted in the development of Resident #47's foot ulcer. Findings include: Review of the facility policy titled "Pressure Injury Prevention and Management" occurred on 04/19/18. This policy, dated 02/23/18, stated, ". . . Definitions: 'Pressure Ulcer/Injury' refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. . . . Policy Explanation and Compliance Guidance: . . . 2. Golden Acres Manor shall establish and utilize a systematic approach for pressure injury prevention and management, . . . including efforts to identify risk, stabilize, reduce or remove underlying risk factors, monitor the impact of the interventions, and modify the interventions as appropriate. . . . 3. Assessment of Pressure Injury Risk . . . b. Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, quarterly with weekly assessment or any significant change. . . . e. Nursing assistants will inspect skin during bath and will report any concerns to the resident's nurse . . ." Review of Resident #47's medical record occurred on all days of survey. The current care plan, dated 01/23/18, stated: ". . . Impaired mobility . . . non ambulatory . . . Bilateral [brand	F 686	(Spanco) boot immediately upon identification of the pressure ulcer. 2. Any resident with a firm soled positioning boot (Podus Boot) has the potential for development of a pressure ulcer. 3. A new protocol for monitoring skin for break down when firm soled positioning boots has been developed. Education will be provided to all nurses and CNA□s regarding the use of the firm soled positioning boot (Podus Boot) related to the risk of skin break down and pressure ulcer development and the new protocol on May 9, 2018. All residents who are admitted with a firm soled positioning boot (Podus Boot) or current residents having a firm soled positioning boot (Podus Boot) applied will be assessed by the nurse for any areas of skin breakdown related to the device per the new protocol Initiating Firm Soled Positioning Boot. CNA□s will report any new skin concerns each shift. 4. Restorative nurse will report all new admissions and current residents with a firm soled positioning boot (Podus Boot) to the QA committee weekly. Restorative nurse will monitor the nursing assessment and CNA reporting per new protocol of any skin break down related to the boot weekly times one month then monthly times one quarter and quarterly times one year.	

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F 686	Continued From page 4	F 686		

name of heel suspension boot that also prevents foot drop] boots when in bed [started 02/20/18 and discontinued 03/07/18]. . . . Potential for impaired skin integrity related to . . . left side hemiplgia [sic] [paralysis of one side of the body] . . . Stage 2 pressure ulcer to left lateral planter foot pad [added 03/07/18] . . . Lotion to body twice daily with cares . . . Monitor skin status [nurse] . . . Air care mattress on at night [updated 02/20/18 to "while in bed"], Dependent assist to turn/reposition every two to three hours . . . Bilateral [brand name of pillow-like type of boot] boots at all times, no left sock [added 03/07/18] . . ." A physician order, dated 03/07/18, stated, "Cleanse and apply skin prep wipe every A.M. to wound on medial ball of left foot. Discontinue when healed."

Resident #47's significant change Minimum Data Set (MDS), dated 03/20/18, identified severely impaired cognition, total dependence with activities of daily living, at risk for developing pressure ulcers, and one unstageable pressure ulcer with suspected deep tissue injury in evolution.

On 04/17/18 at 8:46 a.m., observation of Resident #47's feet showed a black scabbed area distal to the 5th toe, approximately the size of a penny, on the bottom of the left foot. A certified nurse aide (CNA) (#2) replaced bilateral pillow-like blue boots on Resident #47's feet after she completed the cares. Two CNAs (#2 and #3) in the room stated the ulcer looked smaller and better.

A nurses' note, dated 03/07/18 at 4:26 p.m., stated, ". . . Resident had a 2.6cm [centimeter] x

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F 686	Continued From page 5 [by] 2.4cm black unstageable dry, wound to her left ball of her foot. Resident had been wearing positioning boots with firm sole to prevent her foot from dropping and wound is possibly from that. . . ." and at 4:35 p.m., "Pressure Ulcer//Left Pad of Foot// . . . Was reported by bath aid that there was a hardened area to resident's left foot. Unpon [sic] assessment the resident has a dark purple area to bottom of left foot upper pad below the fifth digit. The area is tender to touch. Skin is intact. . . . currently wears [brand name of heel suspension boot that also prevents foot drop] boots when in bed which we are changing to [brand name of pillow-like type of boot] boots . . ." Resident #47's "Wound Assessment Report," dated 03/12/18, stated, ". . . Wound is more flat in appearance has a 1cm diameter shaped soft raised area dark purple in color, this area extends into a flat dark purple to black area to the medial aspect of the foot, this area measures 1cm x 1cm. Unable to stage due to skin being intact . . . Discussed with [name of resident's representative] at length probable cause of pressure being related to an attempt to wear a [brand name of heel suspension boot] boot to prevent foot drop and [resident's name's] foot pressing down on the top area of the boot. Failure of staff to ensure interventions/medical devices, such as a heel suspension boot, have the intended effect and monitor for adverse effects may have contributed to Resident #47's pressure ulcer.	F 686		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services	F 726		5/17/18

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F 726	Continued From page 6 The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, family interview, and staff interview, the facility failed to ensure the competency of staff to determine and record meal intake for 1 of 4 sampled residents (Resident #47) and 1 supplemental resident (Resident #61) with weight loss. Failure to accurately record intake may	F 726	1. Resident #45 and resident #61 will have accurate meal and supplement percentages recorded. 2. All residents have the potential to be affected by this practice. 3. A new tool for determining meal percent taken has been developed by	

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F 726	Continued From page 7 prevent the facility from performing an accurate assessment of the resident's nutritional status and prevent effective interventions from being instituted. Findings include: Review of the facility policy titled "Policy on Estimating Food Intake" occurred on 04/19/18. This undated policy stated, "Goal: To determine the percentage of meal intake for each resident. This process is calculated by assigned dietary personal, or by nursing staff for residents provided tray service to room. . . . Breakfast: Divide 100% by number of food items on tray to determine approximate percentage of each item. Example: [If] items on tray include juice, cereal, toast, and milk, each item would account for 25%. If a banana, yogurt, etc. would be served additionally, each food item would account for 20%. Dinner and Supper: Entree or main item menued such as meat, cassserole [sic], soup, etc. counts as 50%. Other items served additionally would account for 10% each. Example: meat, bread, juice, and dessert consumed would calculate to a total percentage of 80%, or juice, milk, and dessert would be 30%. . . ." Review of the facility's "Meal Percentage Roster" showed staff recorded intake for breakfast, dinner, and supper as refused, less than 25%, 25-50%, 51-75%, or 76-100%. - During an interview the morning of 04/17/18, a family member (#1) stated staff included the liquids in the percentage of the meal eaten for Resident #47, which makes it look like she eats	F 726	our Certified Registered Dietician. Education will be provided to Dietary, Nursing, and CNA□s staff on the use of the tool and accurate documentation of meal percentages on May 9, 2018. The tool will be kept in all dining area as well as in the conference room for availability. Education will be developed and used for initial plan of correction education. For all on boarding of new staff education. As well as annually thereafter as part of their competency skills. 4. The Registered Dietician and or Dietary Manager will monitor the competencies of dietary, nursing, and CNA staff for the accuracy of documentation of meal percentages weekly times one month and monthly times one quarter and quarterly times one year.	

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F 726	Continued From page 8	F 726		

more food than she actually does. He learned of this practice after asking a staff member how much Resident #47 ate one day, was shown her meal tray, and stated the percentage the staff member said the resident ate did not match the amount of food left on the tray. The family member said the staff member told him they included the liquids in the amount eaten.

On 04/19/18 at 9:21 a.m., observation showed a certified nurse aide (CNA) (#4) fed Resident #47 breakfast. The resident ate 1/4 of the hot cereal, all but 2 slices of half a banana, a sip of a four ounce (oz) cup of orange juice containing a supplement, none of four oz of red juice, and two-thirds of four oz of yogurt. The intake percentage per the facility policy equaled 33% (25-50% category). The five items accounted for 20% each, with the oatmeal worth 5% (1/4 x 20%), the banana worth 15% (3/4 x 20%), 0% of each juice, and the yogurt worth 13% (2/3 x 20%). The staff recorded 76-100%, or three times more than Resident #47 actually consumed.

During an interview on 04/19/18 at 2:24 p.m., a CNA (#4) stated she told another CNA (#2) what Resident #47 ate for breakfast and that CNA charted the intake for her. The CNA (#2) stated she counted the oatmeal as 50% of the meal as Resident #47 "usually got a larger bowl than others as she really likes oatmeal," and with most of the yogurt and banana eaten, the CNA figured the resident ate 76-100%. After describing the actual amount of food eaten and requesting the CNA (#2) to calculate Resident #47's intake based on the facility's policy, the CNA stated the resident ate 26-50%, and she would have the record corrected.

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F 726	Continued From page 9 During an interview on 04/19/18 at 2:48 p.m., after describing what Resident #47 ate for breakfast, two administrative nurses (#1 and #5) stated the resident's intake was "probably less than 50%," and agreed the CNA's estimate of 76-100% was inaccurate. - On 04/16/18 at 12:33 p.m., observation showed Resident #61's dinner consisted of stewed cabbage, mashed potatoes/gravy, chicken, jello, three 4 oz cups of liquids, and a mug of coffee. When the resident left the dining room, all the food except for a few bites and half the liquids remained. The intake percentage per facility policy equaled less than 25%. The staff recorded "Refused," which was inaccurate according to the policy. Failure to ensure staff are competent in assessing and recording meal intake according to the facility policy increases the potential for inaccurate nutritional assessments, which may result in inadequate dietary interventions and weight loss.	F 726		