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	355046	A. BUILDING _____ B. WING _____	C 05/25/2023

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 and complaint survey started on 05/22/23 and concluded 05/25/23. The concerns identified by the complainants were unsubstantiated.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference and staff interview, the facility failed to ensure staff followed standards of practice for 1 of 1 sampled resident (Resident #10) reviewed for pressure ulcers. Failure to follow physician's orders for pressure ulcer treatment may result in delayed healing and/or worsening of the pressure ulcer. Findings include: Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 62, stated, ". . . Carrying Out a Physician's Order. Nurses are expected to analyze procedures and medications ordered by the physician or primary care provider. . . . If the order is neither ambiguous nor apparently erroneous, the nurse is responsible for carrying it out. . . ." Review of Resident #10's medical record	F 658	F(658) Plan of correction : 1) Nurse #2 interviewed on 06/13/23. Presented Nurse with Golden Acres Manor policy of “Provision of Quality Care”, which in this case is following physicians’ orders. Discussed with nurse #2 the importance of applying the ordered treatment products to “wound bed” only as ordered by physician. DON observed Nurse #2 on 06/15/23, following education on wound dressing changes, with adherence to the physician orders, successfully complete a dressing change. No adverse outcome identified. 2) Other residents with skin and tissue concerns requiring specific wound dressings have the potential to be affected by professional staff not following physician orders. Nursing staff responsible for dressing changes will be educated on the importance of following	6/25/23

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

Electronically Signed | 06/21/2023

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F 658	Continued From page 1 occurred on all days of survey. A wound assessment, dated 05/18/23, identified a Stage II (partial-thickness skin loss) pressure ulcer to the resident's right heel measured 0.19 cm [centimeter] by 0.17 cm. A physician's order, dated 05/19/23, stated "Apply a small piece of Calcium Alginate [highly absorbent wound treatment] dressing to wound bed only on right foot . . ." Observation on 05/25/23 at 10:38 a.m. showed a nurse (#2) applied an approximate 2.5 cm by 5.0 cm piece of calcium alginate extending past the edges of the wound bed to Resident #10's right heel. During an interview on 05/24/23 an administrative nurse (#1) stated she expects nursing staff to follow provider orders.	F 658	physicians' orders, specifically dressing change orders. 3) Reeducation of nursing staff directly involved with dressing changes and compliance with physician orders *Nursing staff meeting occurred on 05/31/23, The following Golden Acres Manor policies were reviewed at stated meetings; 1) Following physician orders 2) Clean Dressing Change protocol Audit study on those residents who require dressing changes to affirm that physician orders are followed by nursing staff involved in wound care. Two areas were monitored; adherence to specific physician orders, and clean dressing change policy *Audit completed by DON from 05/29/23 through 06/22/2023, and data reviewed by Quality Assurance officer. Audit included an eight-day observation of the procedure of clean dressing changes following specific physician orders. 10 nurses were observed successfully throughout audit period. All nurses demonstrated that physician orders were carried out during their dressing changes. 4) Policy education, followed by observation of dressing changes for relevant residents, and documentation of collected data. Notification to nurse, along with specific orders to be included on TAR (treatment administration record) for each resident to ensure nurse has ready the precise physician's orders as he or she administers treatment.	

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F 658	Continued From page 2	F 658	Continued monitoring through audit observation will be done by QA committee, or it's delegate weekly times one-month, beginning on 05/29/23, monthly times one quarter, and quarterly until compliance has been achieved. Results will be submitted to QA committee for review. 5) This plan of correction was completed by 06/25/23.	
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 observation, record review, review of professional reference, and resident and staff interview, the facility failed to ensure residents received adequate supervision/assistance to prevent accidents for 1 of 2 sampled residents (Resident #36) receiving continuous oxygen. Failure to ensure portable oxygen tanks remain secured to resident wheelchairs and educate residents on oxygen tank safety placed all residents, staff, and visitors at risk for injury. Findings include: Review of the National Fire Protection	F 689	(F689) Plan of Correction: The following steps have been taken, and will be taken in an effort to ensure compliance to the safety issues regarding oxygen tanks/equipment 1) Oxygen tank immediately secured properly to back of w/c by DON. Observation of this resident will be followed by Audit survey, to be complete by 06/25/2023 by DON. Resident will be re-educated to all safety details for use of her oxygen equipment, with specificity to	6/25/23

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F 689	Continued From page 3 Association (NFPA) Medical Gas Cylinder Storage document at https://www.nfpa.org/~/media/4B6B534171E04E369864672EBB319C4F.pdf, dated January 2018, pages 1-2, stated, ". . . Gases [oxygen] inside cylinders are generally under high pressures, and the cylinders often have significant weight. The cylinders can cause injuries directly due to their weight and inertia. Damage to regulators or valves attached to a cylinder can allow the escaping gas to propel the cylinder violently in a dangerous manner. . . . Cylinders that are in use must be attached to a cylinder stand or to medical equipment designed to receive and hold cylinders. . . ." Review of Resident #36's medical record occurred on all days of survey and identified a Brief Interview for Mental Status (BIMS) of 15 (indicating the resident is cognitively intact). Diagnoses include Chronic Obstructive Pulmonary Disease (COPD) (decreased airflow in and out of the lungs) and dependence on supplemental oxygen. A physician's order, dated 10/25/22, identified continuous oxygen per nasal canula. Observations showed the following: * 05/22/23 at 12:46 p.m., Resident #36 wore a nasal canula attached to a large portable oxygen tank located inside an oxygen tank bag resting sideways in the seat of the resident's wheelchair. The top of the tank and the oxygen regulator extended over the right arm of the wheelchair as the resident walked down the hallway. * 05/24/23 at 12:58 p.m., Resident #36's wheelchair set in the hallway outside the resident's room with a large portable oxygen tank	F 689	the oxygen tanks, and their proper securement. If resident is determined to be unable to satisfy the safety demands of her oxygen tank independently, staff will be enlisted to assist at all times, while still affording this resident as much independence as possible. This will involve any needed revisions to current care plan. *Restorative therapy devised a more permanent holding mechanism for this resident's w/c affixed to the back of the w/c, which resident is unable to move freely from its safe location. 2) Oxygen safety has the potential to affect all residents. Any resident(s) currently in the facility, or newly admitted to the facility who fall into the category of managing their own oxygen equipment, will be identified, educated, assessed via BIMS study, and appropriate follow-up every 30 days, or more frequently if indicated by our Compliance Officer, or delegate. This assessment will be done on any future residents day 1 of their admission. 3) All staff were called to a meeting on 05/31/2023 for a specific review of our safety policies regarding oxygen tanks, use and storage. The risks of the mishandling of oxygen tanks were reviewed with visual demonstration regarding the proper securing of oxygen tanks. Oxygen cylinder safety audit was performed by DON. Resident was	

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F 689	Continued From page 4 located inside an oxygen tank bag resting sideways in the seat of the wheelchair. The top of the tank and the oxygen regulator extended over the right arm of the wheelchair. During an interview on 05/24/23 at 12:59 p.m., the Resident #36 stated when staff fill her portable oxygen tank, they place it in the bag and attach the bag to the back of her wheelchair. The resident stated, "I am the one who removes it [the tank] and put it there [wheelchair seat] because it is too long and is in my way." The resident stated she was unaware the tank needed to be secured to her wheelchair in an upright position for safety reasons. During an interview on 05/25/23 at 12:38 p.m., an administrative nurse (#1) stated, "I will take care of it right away" and removed the tank from the wheelchair seat.	F 689	monitored on eight separate and consecutive days, beginning on 05/29/2023, and was noted to be in compliance on each check. Audit survey report sent to Compliance Officer for review. 4) Oxygen safety affects all staff, residents and visitors. All Staff will be reminded at their monthly meetings of the potential risks to the facility at large, including visitors, and residents (began on 05/31/2023). All facility staff will be educated on the proper handling of oxygen tanks and advised to use corrective action if safety concerns are noted. (Began on 05/31/2023) This will be done by in-service process, and demonstration. Assessments of oxygen tank safety will be done by Compliance officer, or her delegate, weekly times one-month, monthly times one quarter, and quarterly until safety compliance has been achieved. Results will be submitted to QA committee for review. 5) This plan of correction will be completed by 06/25/23.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		6/25/23

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F 880	Continued From page 5 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.	F 880		

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F 880	Continued From page 6 (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to follow standards of infection control for 3 of 8 sampled residents (Resident #1, #4, and #10) observed during personal cares, transfers, and wound treatment/dressing change. Failure to follow infection control practices regarding hand hygiene and wound treatments has the potential for transmission of communicable diseases and infections to residents, staff, and visitors. Findings include: Review of the facility policy titled "INFECTION PREVENTION AND CONTROL PROGRAM" occurred on 05/25/23. This policy dated,	F 880	F (880) Hand Hygiene, revised plan of care 1) CNA's #5 and #6 were in-serviced immediately on 05/22/23 & 05/23/23 on appropriate handwashing protocol and the requirement to perform hand hygiene between administering any type of care from resident to resident and the principles of cross contamination potential by lack of hand hygiene from resident to resident. CNA # 4 was in-serviced on 05/22/23 on appropriate resident care hygiene protocols. Instructed that proper hand hygiene and use of gloves is essential when going from perineal care	

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F 880	Continued From page 7 05/20/2021, stated, " . . . All staff shall wash their hands . . . between resident contacts, after handling contaminated objects, after PPE [personnel care equipment] removal . . . Staff shall wash their hands before and after performing resident care procedure . . . reusable noninvasive equipment will be cleaned and disinfected with an appropriate germicidal detergent. . . ." Review of the facility policy titled "Clean Dressing Change" occurred on 05/25/23. This undated policy stated, "Policy: . . . to provide wound care in a manner to decrease potential for infection and/or cross contamination. . . . Place only supplies to be used per wound on the clean field . . . Place a barrier cloth or pad . . . under the wound . . ." - Observation on 05/22/23 at 4:18 p.m. showed two certified nurse aides (CNAs) (#5 and #6) transferred Resident #1 from the bed to the wheelchair. The CNA (#6) made Resident #1's bed, exited the room, and without performing hand hygiene, assisted with a resident transfer in another room, then exited that room and failed to perform hand hygiene. During an interview on 05/25/23 at 2:39 p.m., an administrative nurse (#1) stated she expected staff to perform hand hygiene after having any contact with a resident. - Observation on 05/23/23 at 10:32 a.m. showed a CNA (#4) provided personal cares to Resident #4. The CNA performed hand hygiene, donned gloves, and used washcloths to wash the resident's upper and lower extremities and	F 880	to care for other parts of the body. Nurse #2 was in-serviced on 05/25/23 regarding cross contamination principles during clean dressing changes, and maintaining wound cleanliness when redressing a wound. Adhering to our infection control policies as it pertains to using equipment near dirty wounds, and the importance of sterilizing that equipment before placing it back into the general population of residents. Nurse #8 was in serviced on 05/23/23 the importance of infection control procedures when changing a dressing. Discussed with nurse #8 that any wound must be properly cleaned prior to a new dressing applied, and if during dressing change procedure, wound becomes contaminated, it must be cleaned again. In-serviced on cross contamination during the process of a dressing change, and proper use of gloves. 2) Adherence to the principles of Infection control policies have the potential to affect all residents. Maintaining proper hand hygiene between resident care, and the proper hand hygiene between body parts when administering resident care is essential. All residents have the potential of being affected by not adhering to infection control policies during wound cleaning, and dressing changes. 3) Newly hired staff need in-servicing on hire on Infection Control Policies & Procedures. Our Compliance officer has	

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F 880	Continued From page 8 perineal area. The CNA discarded the soiled washcloths and without changing their gloves, combed the resident's hair and then removed the gloves. The CNA failed to change gloves in between personal cares. - Review of Resident #10's medical record occurred on all days of survey. Physician's orders stated to change a Mepilex (absorbent foam wound dressing) dressing to right buttock two times a week on bath days, apply Aquaphor (healing ointment/skin protectant) to redness on the coccyx area twice a day, and to complete a dressing change to the right foot twice a week on bath days. Observation on 05/23/23 at 9:38 a.m. showed a nurse (#8) donned gloves, removed the Mepilex dressing from Resident #10's right buttock, folded the dressing in half, and discarded it into the trash. Without changing gloves, the nurse reached into a basket of wound supplies for a packet of skin prep (a liquid water-proof skin protectant). The nurse (#8) removed her left glove, and without performing hand hygiene, donned a new left glove, opened the skin prep package, and applied it to the skin. Without changing gloves, the nurse again reached into the basket of wound supplies for a Mepilex dressing, applied the dressing to the right buttock, and applied the Aquaphor to the coccyx above the dressing. The nurse removed her gloves, performed hand hygiene, donned new gloves, and assisted a CNA (#9) with Resident #10's brief change. The nurse (#8) reached into her pocket, removed a bandage scissors, cut open the side of the brief, and without sanitizing the scissors, placed the scissors back into her	F 880	developed a plan whereby all staff will be educated upon hire with hand hygiene modules, and testing. Proper resident to resident hand hygiene, as well proper hand hygiene from one body part to another, proper technique of keeping a wound clean during redressing, and cross contamination principles with the use of dressing change tools. All Facility staff need periodic handwashing competencies done by department supervisors/ managers at random. Management team, including DON must periodically evaluate activities to ascertain if Infection Control Policies & Procedures are being followed. Additional training and evaluations will help staff feel comfortable being watched while performing tasks and hand hygiene. Resident to resident hand hygiene, and hand hygiene and use of gloves while attending to different body parts of a resident. A CNA meeting was held on 06/07/2023. All present reviewed the Golden Acres Manor hand hygiene policy, and maintaining resident to resident infection control procedures. A Nurse meeting will be held on 05/31/23 where infection control policy, as it pertains to maintaining proper technique for dressing wounds, as well separating equipment used on wounds from the general resident population. An individual wound dressing caddy for each applicable resident will be kept in that resident’s room, to prevent any	

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F 880	Continued From page 9 pocket. Observation on 05/25/23 at 10:38 a.m. showed a nurse (#2) removed Resident's #10's right sock and raised the right leg to observe the heel wound. The nurse asked the resident to keep her leg up in the air as she went to the bathroom to perform hand hygiene and donned gloves. Resident #10 unable to hold her leg up, lowered her foot, and the wound rested directly on the dirty wheelchair pedal. The nurse failed to cleanse the right heel wound and completed the dressing change. During an interview on 05/25/23 at 12:28 p.m., an administrative nurse (#1) stated she expected staff to follow standard infection control practices when performing resident cares and wound treatments/dressing changes.	F 880	cross-contamination potential. Personal resident caddy will be instituted on 05/28/23 by DON, Tracy. 4) All staff will be educated upon hire with hand hygiene modules, and testing. Compliance officer will be developing an audit sheet to divide among the management to assess several different resident care staff members for hand hygiene protocols, and infection control policy. This monitoring will be done by compliance officer, or her delegate, weekly times one-month, monthly times one quarter, and quarterly until infection control compliance has been achieved. Results will be submitted to Compliance team for review. 5) Plan of correction will be completed by 06/25/23.	