STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355087	A. BUILDING _____ B. WING _____	06/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEDGEWOOD MANOR	804 MAIN ST W CAVALIER, ND 58220

(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 06/25/12 and completed on 06/27/12 the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review.	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's recommendations, review of policy and procedure, and staff interview, the facility failed to store hazardous chemicals in a secure location in 1 of 1 coffee shop. Failure to maintain a safe environment free from accident hazards has the potential for cognitively impaired residents to access dangerous chemicals. Findings include: Review of the facility's policy, "Hazard Communication Written Program," dated 12/01/01 occurred on the afternoon of 06/27/12. The policy stated, " Purpose: This program includes guidelines on identification of chemical hazards . . Policy: . . . No unmarked containers of any size are to be left in the work area	F 323	To ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents, the facility placed a lock on the cabinet containing chemicals in the coffee shop (see exhibit A). The facility's policy on the "Hazard Communication Written Program" will be reviewed with employees to ensure that appropriate storage and containment of hazardous chemicals is maintained throughout the facility. The Housekeeping Manager will monitor the coffee shop and other chemical storage areas throughout the facility to ensure chemicals are secured properly to prevent access by residents. Monitoring will occur weekly x 1 month, monthly x 3 months, and quarterly thereafter x 1 year. The Administrator will be notified of any issues. If issues are identified, immediate corrective action will occur. The Housekeeping Manager will submit a report of the monitoring results to the QA Committee during the scheduled monthly QA meetings.	6/27/12 7/26/12 7/12/12 7/26/12

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

Patti Johnson | Administrator | 07 11 12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WEDGEWOOD MANOR	804 MAIN ST W CAVALIER, ND 58220

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F 323	Continued From page 1 unattended. . . ." On the afternoon of 06/27/12, an administrative nursing staff member (#1) provided the names of two residents who wander in the facility. A dietary tour of the facility occurred on 06/27/12 at 10:00 a.m. with an administrative dietary staff member (#1). Observation showed an unsecured cabinet in the coffee shop contained chemicals with manufacturer warnings as follows: * One spray bottle, not labeled, identified by interview as Oasis 146 sanitizer, "Danger: Corrosive. Causes irreversible eye damage and skin burns." * One spray bottle of Comet disinfecting cleanser, "Causes eye irritation. Avoid contact with eyes. May be harmful if swallowed." * One aerosol bottle of Stainless Steel Cleaner, "Keep Out of Reach of Children." During an interview on 06/27/12 at 10:45 a.m., an administrative dietary staff member (#3) confirmed facility staff should secure chemicals ensuring they are "not accessible to residents." During an interview on 06/27/12 at 10:50 a.m., an administrative activity staff member (#2) stated facility staff "never locked" the cabinet containing the chemicals in the coffee shop. .	F 323		