Basic Care Plan of Correction Review

Facility Dakota Hill Housing - Elgin Date of Review 10/5/17

Tag Number: B910 - Specific delegation of meds	Met	Not Met	NA
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);	✓		
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);	✓		
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;	✓		
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.		not addressed - called Adam 10/5/17	
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.	✓ 10/15/17		
Tag Number: B929 - unlicens. staff pass meds.			
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);	✓		
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);	✓		
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;	✓		
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.		not addressed - called Adam 10/5/17	
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.	✓ 10/15/17		
Tag Number: B 1110 - Ø orient. documented.			
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);		need address Employees LOD	
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);		✓	
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;	✓		
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.		"To be monitored by administ." called Adam	
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.			

Tag Number: B 1240 – update CP	Met	Not Met	NA
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);	✓		
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);	✓		
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;	✓		
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.		"Nurse Mgr to monitor." – called Helen 10/5/17	
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.	9/30/17 ✓		
Tag Number: B 1800 – ☒ secure food pkg			
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);	✓		
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);	✓		
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;	✓		
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.		"Dietary Supervisor to monitor." called Helen 10/5/17	
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.	9/30/17 ✓		
Tag Number:	10/15/17		
1. Address how corrective action will be accomplished for those patients affected by the deficient practice (if applicable);			
2. Address how you will identify other patients having the potential to be affected by the same deficient practice (if applicable);			
3. What measures will be put into place and what systemic changes the facility will make to ensure the deficient practice does not recur. Example: look at the system and determine if a change to the existing system is needed, if a new system is necessary or if a system does not exist and must be developed;			
4. Address how the facility plans to monitor its performance to ensure solutions are permanent. What quality assurance process will be developed to ensure the correction is achieves and sustained. Identify when quality assurance will be implemented, the frequency of the monitoring and the staff person(s) by job titles (not individual names) that will monitor the corrective action.			
5. Provide the date of correction which must be at no later than sixty (60) days from the date of the survey.			

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8011	A. BUILDING: _____ B. WING _____	09/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA HILL HOUSING	606 DAKOTA ST N ELGIN, ND 58533

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced licensure survey, started on 09/11/17 and completed on 09/12/17, the sample included 5 residents for complete review and 1 closed record for review. In addition, the sample included 8 supplemental residents to verify specific concerns during the survey. Tier II citations included B910, B929, B1110, B1240, and B1800.	B 000		
B 910	33-03-24.1-09,1 GOVERNING BODY 1. The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws. This state licensing rule is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to comply with the North Dakota Administrative Code (NDAC), Chapter 33-43-01 "Nurse Aide Training, Competency Evaluation, and Registry," for 2 of 9 staff members (Certified Nurse Aide [CNA] A and unlicensed staff member B) scheduled or observed administering medication to the residents. Failure to 1) delegate medication administration only to staff on the nurse aide registry; 2) provide proof of a licensed nurse's verbal instruction on each specific medication for each resident to each staff member administering medication; 3) provide written instruction for each specific medication for each resident, including trade and generic name, the purpose of the	B 910	Nurse manager worked with Staff members A + B to further evaluate Competency with medication. Also did verbal and written testing with member B with documentation of this. this will be included in employees files, signed and dated. Also Staff member B applied for NA license on Sept 13, 2017. License has been received and in file. This procedure will continue with all new NA/CNA/CMA staff. Continued next page	

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda Eslinger — TITLE: Administrator — (X6) DATE: 10-5-17

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B 910	Continued From page 1 medication, common side effects and precautions, route and frequency of administration, and when to contact the licensed nurse/health care practitioner; 4) ensure the licensed nurse observed the staff member administering medication to specific residents until competency was demonstrated; 5) verify competency by a licensed nurse, including the six rights of medication administration and documentation of medication administered; and 6) update documentation of further training for each staff member related to changes in residents' medications may result in medication errors. Findings include: NDAC, Section 33-43-01-16 "Nurse Aide Training, Competency Evaluation, and Registry: Specific delegation of medication administration" states, "An individual on the department's [North Dakota Department of Health] nurse aide registry [includes CNAs, Nurse Aides (NAs), and Medication Aides (MAs)] may accept the delegation of the delivery of specific medication for a specific client by a licensed nurse if the following steps are followed: . . . 2. The individual on the department's nurse aide [registry] is taught by a licensed nurse for each specific client's medication administration which includes verbal and written instruction for the specific client's individual medications, including: a. The medication trade name and generic name; b. The purpose of the medication; c. Signs and symptoms of common side effects, warnings, and precautions; d. Route and frequency of administration; and e. Instruction under which circumstances to contact the licensed nurse or licensed health care practitioner. 3. The individual . . . is observed by a licensed nurse administering	B 910	Documentation also done as to written and verbal instruction of specific meds for trade and generic names, purpose of med, side effects and precautions Including but not limited to the 6 rights of med passes. New Policy made to reflect RN (Nurse Manager) will train new employees in all areas of medication to include testing and demonstration of competency with documentation in Employee file. Orientation Checklist being revised to reflect who trained (RN trained) and when each area was covered. Medication areas separated from other— Continued —	

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B 910	Continued From page 2 the medication to the specific client until competency is demonstrated. 4. The individual . . . has been verified as competent by a licensed nurse through a variety of methods . . . in the following areas: a. Knows the six rights for each medication . . . b. Knows the name of the medication and common dosage; c. Knows the . . . side effects . . . d. Knows when to contact the licensed nurse; e. Can administer the medication properly to the client; and f. Documents medication administration . . . 5. Documentation that the individual . . . has received the training related to the receipt of specific delegation of medication administration for each client must be maintained and updated when further instruction is received as necessary to implement a change." Review of the facility policy titled "Nurse Duties" occurred on 09/12/17. This policy, reviewed September 2016, stated, "Nurse Duties: . . . 10. Establish and review mediation administration module . . . 12. Teach, delegate and document cares that are appropriate for the Care Aides [unlicensed staff, NA, CNA, or MA] to have delegated to them. 13. Teach each care-aide how to read the medication orders (MAR) [Medication Administration Record] and how to administer them. . . ." Random observations on the morning of 09/12/17, identified a staff member (B) administering medications. On the afternoon of 09/12/17, review of information and interview with a licensed nurse (#1) and an administrative staff member (#2) revealed the following: * The facility schedule identified a CNA (A) and a staff member (B) worked in the past 30 days and	B 910	areas of training to be done by Nurse Manager Documentation of Continuing Education and yearly Competency evaluation will continue By Nurse Manager Staff RN will monitor All new staff who pass meds for completion of med pass training and education. Monthly for 6 months and then : Reevaluate based on Out come.	10/15/17 10/15/17

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B 910	Continued From page 3 were scheduled to work in the future, with duties including medication administration. * The personnel record for the staff member (B) lacked evidence of a CNA, NA, or MA license. See B929. * The facility orientation checklist for staff providing cares covered general cares related to activities of daily living (ADLs), checking vital signs, emergencies, infection control, etc. with items related to medication administration interspersed throughout. These items included applying ointments, eye drops, and ear drops; passing medications on all shifts; how to find/use the Physician Drug Reference book, physician orders; and use of the MAR. * Personnel records for both staff members (A and B) responsible for medication administration lacked evidence of verbal and written instruction by a licensed nurse for each specific resident's medication administration and for some of the required areas of specific delegation of medication administration. The orientation check list for each staff member showed some of the areas of instruction were completed by a CNA or a CMA, versus a licensed nurse as required. * No additional training for the staff members (A and B) occurred when a resident started on a new medication. Failure to comply with all the rules for specific delegation of medication administration, including restricting delegation to CNAs and NAs, provision of verbal and written instruction for each specific medication for each specific resident, and ensuring competency in all required areas may place residents at risk for adverse health effects,	B 910		

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B 910	Continued From page 4 contribute to medication errors, and jeopardize the safety of all residents who reside in the facility.	B 910		
B 929	33-03-24.1-09,2,i GOVERNING BODY i. Personnel records to include job descriptions, verification of credentials where applicable, and records of training and education. This state licensing rule is not met as evidenced by: Based on observation, record review, review of North Dakota Administrative Code (NDAC), Chapter 33-43-01 "Nurse Aide Training, Competency Evaluation, and Registry," and staff interview, the facility failed to ensure 1 of 9 staff members (unlicensed staff member B) employed to administer medications to residents held appropriate licensure to perform this function. Failure to ensure staff members hold and maintain licensure required with training in specific delegation of medication administration may contribute to medication errors. Findings include: NDAC, Section 33-43-01-16 "Nurse Aide Training, Competency Evaluation, and Registry: Specific delegation of medication administration" states, "An individual on the department's [North Dakota Department of Health] nurse aide registry [i.e. certified nurse aides (CNAs), nurse aides (NAs), or medication aides (MAs)] may accept the delegation of the delivery of specific medication for a specific client by a licensed nurse . . ."	B 929	See B910 Staff RN will monitor all new staff. Staff RN will verify that all new staff being trained to pass meds has current NA, CNA or CMA certification monthly for 6 months	

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B 929	Continued From page 5 On the morning of 09/12/17, random observations identified a staff member (B) administering medications to the residents. On the afternoon of 09/12/17, review of personnel files identified staff member (B), hired 06/27/17, lacked evidence of a CNA, NA, or MA license. During an interview, an administrative staff member (#2) stated staff member (B) dropped her CNA license years ago and planned to "test" for licensure again after hire at this facility. The administrative staff member (#2) stated she would apply for NA registration for staff member B today. Review of the facility schedule revealed staff member (B) worked 14 shifts in July, 13 shifts in August, and two shifts in September.	B 929		
B1110	33-03-24.1-11,1 EDUCATION PROGRAMS 1. The facility shall design, implement, and document educational programs to orient new employees and develop and improve employees' skills to carry out their job responsibilities. This state licensing rule is not met as evidenced by: Based on record review, policy review, and staff interview, the facility failed to design, implement, and document educational programs to orient new employees to carry out their job responsibilities for 2 of 3 employees' personnel records (Employee C and D) reviewed who were hired in the last 13 months. Failure to develop departmental specific orientation programs does not provide new employees with the skills and information needed to carry out the job responsibilities and may jeopardize the health	B1110	Orientation Check lists Completed for Employee C & D New Orientation Lists have been made for all disciplines. They will be used and signed, dated and placed in Employee files. to be monitored by administration	10/15/17

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B1110	Continued From page 6 and safety of all residents and employees. Findings include: Review of the facility policy titled "Employee Orientation" occurred on 09/12/17. This policy, reviewed September 2016, stated, ". . . 1. Employees hired by Dakota Hill Housing shall be formally orientated to the Basic care through Department Orientation. Managers are responsible for familiarizing the new employees as to the department policies, procedures and routines as well as the Basic Care Facilities policy and procedures services available and the location of the departments within the facility. . . ." Review of Employee C and D's personnel records occurred on 09/12/17. The record showed the facility hired Employee C, a registered nurse, on 03/01/17, and Employee D, an activities staff member, on 08/15/16. The files lacked evidence of Employee C and D's orientation to the facility and their respective roles. During an interview on 09/12/17 at 9:15 a.m., an administrative staff member (#3) when asked for proof of orientation for Employee C and D stated, "We follow the job description and allow three days for orientation. We add extra days if needed." She added the facility has no written list/documentation to show the orientation was completed.	B1110	All new employees will be Checked monthly for 6 months By Administration for Proof of Completed Orientation	10/15/17
B1240	33-03-24.1-12,4 RESIDENT ASSESSMENTS/CARE PLANS 4. The care plan must be updated as needed, but no less than quarterly.	B1240	Resident # 1 Care Plan updated for this resident to reflect need to woke during fire drill	

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B1240	Continued From page 7 This state licensing rule is not met as evidenced by: Based on observation, record review, policy review, and staff interview, the facility failed to ensure care plans reflected residents' current status for 3 of 5 sampled residents (Resident #1, #2, and #3). Failure to review and revise care plans limits staff's ability to meet residents' current care needs. Findings include: Review of the facility policy titled "Nurse Duties" occurred on 09/12/17. This policy, reviewed September 2016, stated, "Nurse Duties: . . . 8. Develop and institute a care plan for each resident . . ." - On the morning of 09/11/17, observation showed Resident #1 in his room with the television playing loudly and the resident unable to hear a knock on his door. An administrative staff member (#3) stated the resident prefers to take his hearing aides out when in his room. Review of Resident #1's medical record occurred on 09/12/17. Diagnoses included hearing loss and legal blindness. Quarterly progress notes stated the following: * 10/12/16, ". . . takes part in Fire Drills - Needs to be awoken R/T [related to] poor hearing when H [hearing] aids are out . . ." * 06/21/17, ". . . Is necessary to physically wake him with fire or tornado drills. Hard of hearing and legally blind. . . ." Resident #1's current care plan included the Problem/Need "Fire Safety," but failed to identify the resident had hearing aids and an intervention to wake him and/or ensure his awareness of an	B1240	And Care Plan Page has been updated with a section for residents with hearing aids and if they need to be woke up. Nurse to monitor Manager Resident #2 New Care Plan Sheets Made and added to this Care Plan to Address Mental health, Meds and treatments needed to maintain highest level of functioning. these sheets also added to all care plans packets Nurse Manager to Monitor	9/30/17 9/30/17

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B1240	Continued From page 8 alarm. - Review of Resident #2's medical record occurred on 09/12/17. Diagnoses included depression and schizotype personality (mild form of schizophrenia) with anxiety. Medications included Paxil (antidepressant) and Risperdal (antipsychotic). A quarterly progress note, dated 12/23/16, stated, "He often writes of mental feelings and sometimes expresses feelings of people using him as a healer, and sucking his energy. . . ." Resident #2's current care plan failed to identify mental health issues and the use of psychotropic medications, as well as interventions to meet these needs. - Review of Resident #3's medical record occurred on 09/12/17. Diagnoses included depression and anxiety. Medications included Cymbalta and citalopram (antidepressants) and lorazepam (antianxiety). Care Aide (caregiver) notes stated the following: * 07/05/17, "While Care Aid was assisting another res [resident] to supper [Resident #3] came up from behind and grabbed the rear end of the care aid. . . . explained to res. . . he should not be touching the rears of others." * 07/18/17, "Res c/o [complained of] being all rlled up in his stomach. Tylenol given . . . played Bingo. . . . Vitals [vital signs and oxygen saturation] done . . . Called nurse . . ." * 08/07/17, "Resident has been c/o [another resident] for awhile. He calls him names . . . whenever [other resident] leaves the table [at] meals and to others." * 08/08/17, ". . . spoke with [Resident #3] about calling [another resident] names. . . . For now [Resident #3] will sit at a different table . . ."	B1240	Resident #3 Care Plan updated to Monitor Behaviors and Safety of others. as well as the resident 9/30/17 New Care Plan Sheets for Behaviors made and included in all Care plan packets 9/30/17 Nurse Manager will Monitor 3 residents Care Plans a week for updates requarding changes in Condition. Weekly x 4 weeks then monthly x 3 mos. then quarterly x 1 year	

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B1240	Continued From page 9 * 08/24/17, "Resident stated that he felt claustrophobic in the new room across the hall, which was his own idea to make the move, Nurse aware." During an interview on 09/12/17 at 4:30 p.m., a licensed nurse (#1) stated the facility set boundaries for Resident #3 based on his behaviors. The facility failed to update Resident #3's current care plan with a problem related to behaviors, the use of psychotropic medications, and interventions to address the behaviors.	B1240		
B1800	33-03-24.1-18 DIETARY SERVICES 33-03-24.1-18. Dietary services. The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include: This state licensing rule is not met as evidenced by: Based on observation and staff interview, the facility failed to provide dietary services in conformance with the North Dakota sanitary requirements for food establishments on 2 of 2 days (September 11 and 12, 2017) of survey. Failure to store food securely has the potential to increase the risk of contamination and foodborne illness for all residents. Findings include: "North Dakota Requirements for Food and	B1800	New Policy + Procedure for Dry goods' Storage Written. Smaller items-Pancake/ Waffle mix will be Kept in Ziplock Storage bags after opening to maintain cleanliness and freshness. -Continued-	9/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8011	A. BUILDING: _____ B. WING _____	09/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA HILL HOUSING	606 DAKOTA ST N ELGIN, ND 58533

(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) COMPLETE DATE
B1800	Continued From page 10 Beverage Establishments," adopted 04/01/12, states, "33-33-04-04. General food protection. At all times, including while being stored . . . food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, or overhead drippage from condensation. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. . . ." On 09/12/17 during the initial dietary tour beginning at 9:00 a.m., observation showed the following packages of dry goods open with the top folded over: * one 50 pound (#) sack of flour * one 5# sack of waffle mix * one 5# sack of pancake mix During an interview on 09/12/17 during the dietary tour, a dietary supervisor (#4) stated they go through the waffle and pancake mixes quickly, agreed they were not secure, and would place them in Ziploc bags. She stated the flour has always been stored in the bag and would have to get something big to put it in. On 09/13/17 at 7:35 a.m., observation in the dry storage area showed the following packages of dry goods open with the top folded over: * one 50# sack of flour * one 25# sack of brown sugar Failure to ensure food products are stored in a secure manner placed the residents at increased risk of illness related to consuming contaminated food items.	B1800	Larger Items will be Kept in Plastic totes with gasket Style lids to maintain Cleanliness and freshness of product. Dietary Supervisor to Monitor that all dry goods are Stored securely Weekly x 4 weeks then monthly x6 months.	9/30/17 10/15/17