STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. BUILDING _____ B. WING _____	09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	107 12TH ST S COOPERSTOWN, ND 58425

(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 09/11/23 and concluded 09/13/23.	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 observation, record review, resident and staff interview, the facility failed to follow professional standards of practice for 1 of 1 sampled resident (Resident #32), with a CPAP (Continuous Positive Airway Pressure) machine. Failure of facility staff to clarify physician's order for cleaning a CPAP resulted in staff incorrectly documenting the cleaning method. Findings include: Review of Resident #32's medical record occurred on all days of survey. Diagnoses included dependence on supplemental oxygen and dependence on enabling machines and devices (CPAP machine). Physician orders included, "clean and prepare CPAP machine for nightly use - wash with mild detergent and warm water - water well, mask, tubing, head gear. Allow to air dry. Once a day." Resident #32's care plan stated to "use the CPAP as ordered." The "Administration History" report, dated 09/01/23 to 09/13/23, showed facility staff signed	F 658	F 658 1. Order was immediately clarified and plan of care updated on 9/13/23 to include: “Clean and prepare Bi-PAP machine for use. Wipe out face mask, then place (mask and head gear) into So Clean unit. Then press the manual button (as preset per manufacturer's recommendations) to complete the cleaning process.”. The CPAP/BiPAP Policy was revised to include personal cleaning devices on 09/14/2023. 2. The facility has determined that all residents with CPAP/BiPAP orders have the potential to be affected. 3. Re-educate nurses by 10/05/2023 regarding the importance of verifying orders and completing the process exactly as the order states prior to signing off on the MAR/TAR, or the other option of obtaining an order clarification prior to ever completing a task with a process	10/5/23

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

Electronically Signed | 10/05/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. BUILDING _____ B. WING _____	09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	107 12TH ST S COOPERSTOWN, ND 58425

(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 658	Continued From page 1 the document that they cleaned Resident #32's CPAP mask and tubing with mild soap and water every morning. Observation on all days of survey showed Resident #32's CPAP mask and tubing connected to a sanitizing device and cleaning machine. During an interview on 09/12/23 at 9:30 a.m. Resident #32 stated the CPAP mask and tubing are placed in the sanitizing device every morning. During an interview on 09/12/23 at 4:10 p.m. an administrative staff member (#1) reported he/she is unaware when Resident #32 received the sanitizing device and confirmed staff failed to update the order. Failure of staff to contact the physician for clarification of the order for cleaning Resident #32's CPAP machine resulted in incorrect documentation of the cleaning method for the CPAP.	F 658	other than what was ordered from healthcare provider. Educate nurses regarding CPAP/BiPAP Policy revision by 10/05/2023. 4. The DON or designee will monitor twice per week x 4, monthly x 3, and quarterly x 2 to ensure all CPAP/BiPAP orders are being followed as written and as per policy. The Administrator will be notified immediately of any problems noted so immediate corrections can be made. All results will be reported to the Quality Assurance Performance Improvement Committee at is regularly scheduled meetings for review and recommendations. 5. 10/05/2023.	