DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 _____	05/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	1200 ROBERTS AVE NE COOPERSTOWN, ND 58425

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on May 20, 2014 and completed on May 22, 2014, the sample included 2 residents for complete review, 9 residents for focused review, and 1 closed record for review.	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.	F 278	1) N/A New MDS's completed for Resident #3 and #5 since survey. Changes in coding / made related / supported with documentation. 2) All residents have the potential to be affected. Review of all other residents MDS done + identified no inaccuracies related to delusions + inattention. 3) An inservice was done 6/23/14 by the facility RN MDS Coordinator for all staff members who complete sections of the MDS. Education provided included the importance of making sure documentation is present in the resident's record to support selected coding choices on the MDS. Instructions from the MDS Manual for how to complete Sections C and E were specifically reviewed with all staff present and all were educated on the appropriate ways to document a resident's cognitive patterns and behaviors. An inservice was held 6/24/14 for nursing staff and education was provided by the facility RN MDS Coordinator as well as the Director of Nursing on the appropriate ways to document a resident's cognitive patterns and behaviors to allow for accurate coding in sections C and E by the MDS team. per T.C with Nikki Johnson, acting adm on 7/8/14 at 10:20 a.m.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nikki Johnson | TITLE: RN | (X6) DATE: 6-27-14

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.

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F 278	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (Version 3.0), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 11 sampled residents (Resident #5) regarding Section C (Cognitive Patterns) and for 1 of 11 sampled residents (Resident #3) regarding Section E (Behaviors). Failure to accurately complete portions of these MDSs does not allow each resident's assessment to reflect the resident's current status/needs. Findings include: The Long-Term Care Facility RAI Manual, October 2013, stated: Page C-1 - "Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information. These items are crucial factors in many careplanning decisions." Page C-27, ". . . Steps for Assessment for C1300A, Inattention - . . . Evidence of inattention may be found during the resident interview, in the medical record, or from family or staff reports of inattention during the 7-day look-back period . . . ." Page E-1 - "Intent: The items in this section identify behavioral symptoms in the last seven days that may cause distress to the resident, or may be distressing or disruptive to facility residents . . . The emphasis is identifying behaviors, which does not necessarily imply a	F 278	4) 5) Facility QA Coordinator or designee will audit all MDS assessments done on Griggs County Care Center residents daily x2 months to monitor for accuracy of the MDS assessments compared to what is documented in the resident's medical record. Results of all QA monitoring will be reported to the facility Quality Assurance committee at regularly scheduled meetings and recommendations for further monitoring will be made by the committee. Any problems noted during QA audits will be immediately reported to the facility DON so follow up and corrective actions can be taken as needed.	~~6/26/14~~ 07/09/14

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medical diagnosis. Identification of the frequency and the impact of the behavioral symptoms on the resident and others is critical to distinguish behaviors that constitute problems from those that are not problematic.

page E-2 - ". . . Steps for Assessment 1. Review the resident's medical record for the 7-day look-back period. 2. Interview staff members and others who have had the opportunity to observe the resident in a variety of situations . . . Observe the resident during conversations and the structured interviews . . . listen for statements indicating an experience . . . or the expression of false beliefs (delusions) . . . ."

Review of Resident #3 and #5's medical records occurred on all days of survey.

- Resident #3's quarterly MDS, dated, 02/20/14, identified Resident #3 displayed severe cognitive impairment and the presence of a delusion during the 7-day look-back period. Resident #3's Interdisciplinary Notes lacked evidence of any delusional behavior during this look-back period.

During interview on the morning of 05/22/14, an administrative staff member (#4) stated a CNA placed a checkmark on a facility flowsheet under the column for delusions. When asked to provide evidence of evaluating and assessing Resident #3 for this delusion, this administrative staff member stated no other documentation exists other than that of the CNA. This administrative staff member (#4) stated Resident #3 has a history of believing a doll is actually her baby and this is why she coded Resident #3 for a delusion on the February quarterly MDS.

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F 278	Continued From page 3 - Resident #5's quarterly MDS, dated, 03/19/14 identified Resident #5 as cognitively intact and displaying fluctuating inattention. Review of Resident #5's medical record documentation (including Interdisciplinary Notes and certified nurse aide [CNA] charting) for the above 7-day look-back period lacked evidence the resident displayed or exhibited inattention. On the morning of 05/22/14, when asked to provide the documentation to support the coding for inattention for Resident #5 in March 2014, an administrative staff member (#4) provided no further information for review.	F 278		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	1) Resident #1 completed antibiotic therapy and was determined to have resolution of UTI on 6-10-14. Resident #2 completed a 7 day course of antibiotic therapy on 3-5-14 and has remained asymptomatic since that date, indicating resolution of UTI. 2) All residents have the potential to be affected. 3) A policy titled Timely Antibiotic Administration was implemented on 6/24/14 to provide guidelines for staff and HealthCare Providers to follow regarding obtaining and administering antibiotics in a timely manner once an infection has been identified. Nursing staff were educated on the new policy and procedures at an inservice held 6/24/14. Medical Staff members received education on the importance of responding to lab results in a timely manner and also were updated on the new policy noted above on 6/24/14 at a regularly scheduled Medical Staff meeting.	

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F 441	Continued From page 4 (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure appropriate and timely use of antibiotics for 2 of 6 sampled residents (Resident #1 and #2) with a history (within the past 12 months) of urinary tract infections (UTIs). Failure to ensure appropriate and timely use of an antibiotic may result in residents contracting an antibiotic resistant infection and may result in residents experiencing discomfort, kidney infections, or systemic infections. Findings include: Review of the standing orders protocol occurred on 05/22/14. The protocol, dated 06/27/13, stated: "SUSPECTED UTI: As evidenced by: Difficulty with urination, burning with urination, cloudy urine, foul smelling urine or significant changes in resident behavior -- obtain a midstream clean catch urine specimen. . . . Perform follow-up urinalysis per HCP [health care	F 441	4) 5) All residents who have orders for antibiotic therapy will be monitored by the facility QA Coordinator, or designee, to verify that residents received antibiotics in a timely manner according to the new policy. Facility EMARS and Infection Control logs will be utilized to see who has orders for antibiotics. This monitoring will be done daily x2 months. All results will be reported to the facility QA Committee and recommendations for further monitoring will be made by the Committee. Any problems identified during QA audits will be reported immediately to the Director of Nursing so corrective actions can be taken, as needed.	6/26/14

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F 441	Continued From page 5 practitioners] order." - Review of Resident #1's medical record occurred on all days of survey. Diagnoses included chronic kidney disease, chronic pain syndrome, chronic airway obstruction and a suspected UTI on 05/12/14. An admission Minimum Data Set (MDS), dated 04/23/14, identified severe cognitive impairment, and frequent incontinence of bladder and bowel. Resident #1's physician's orders, dated 05/12/14, included orders for a urinary analysis per protocol; an antibiotic, Amoxicillin three times a day, for seven days; and a repeat of the UA in one week. A urinary analysis collected on 05/12/14, and culture report verified on 05/17/14, showed the hospital providing services to the facility received the culture report on 05/19/14. The culture report identified the organism isolated as resistant to Amoxicillin. The repeat UA, obtained on 05/19/14, showed the following changes: * character changed from clear to very turbid * blood changed from negative to 2 plus * protein changed from negative to 1 plus * nitrites changed from positive to negative * white blood cells/ high powered field changed from 75-80 to packed field The record identified a fax sent to Resident #1's physician on 05/19/14 with the above UA results. The doctor stated "Please send urine for culture, doesn't know what Ab [antibiotic] she got before, she needs Ab if she is symptomatic. . . ."	F 441		

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F 441	Continued From page 6 The physician orders, dated 05/20/14, included an order for an injectable antibiotic, Rocephin. During interview on 05/21/14 at 3:50 p.m., a supervisory nurse (#1) verified the culture report was not available until staff collected the second UA on 05/19/14. The nurse (#1) stated she "walked" the results over to the physician on 05/20/14 and showed him the culture results and noted Amoxicillin not the drug of choice. The nurse stated at that time the physician ordered the Rocephin. - Review of Resident #2's record occurred on all days of survey. Resident #2's diagnoses included severe cognitive impairment, debility, episodic mood disorder, and history of a UTI. Review of two MDSs, dated 03/17/14 (quarterly) and 12/17/13 (annual), identified the resident as frequently incontinent of urine. Resident #2's interdisciplinary notes included the following: * 02/20/14 at 6:06 a.m., "Clean catch UA obtained due to urinary frequency, increased confusion, repeated statement that 'I just don't feel good.'" * 02/27/14: "On 2/25/14, order rec'd [received] for antibiotic, start when med [medication] available. Med came in mail today and initial dose has been given." Physician's orders on 02/25/14 included an antibiotic, Ciprofloxin two times a day for seven days for the treatment of the UTI. During interview on 05/22/14 at 9 a.m., a staff nurse (#3) stated nurses have access to medications within the emergency box in order to get medications started prior to receiving from a	F 441		

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F 441	Continued From page 7 distant pharmacy.	F 441	1) Resident #1 completed antibiotic therapy and UTI was determined to be resolved on 6/10/14.	
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to promptly notify the attending physician of laboratory findings for 1 of 1 sampled resident (Resident #1) who received an antibiotic resistant to the organism for seven days. Failure to ensure the physician/provider received prompt notification of laboratory results may have contributed to a delay in Resident #1's treatment plan. Finding include: Review of Resident #1's medical record occurred on all days of survey. Diagnoses included a urinary tract infection (UTI) in May of 2014. Resident #1's physician's orders included a urinary analysis, urine culture and antibiotic for a suspected UTI on 05/12/14. The facility received the final culture report on 05/19/14 (seven days after the order), and determined the organism isolated was resistant to the antibiotic ordered. During interview on 05/21/14 at 3:50 p.m., a supervisory nurse (#1) confirmed the final culture report was not received at the facility until 05/19/14.	F 505	2) All residents have the potential to be affected. 3) A new process was implemented within the facility where on Saturdays and Sundays, the Charge Nurse or Supervisory RN will go check the fax machine in the laboratory where culture results are received. This process will help ensure that lab results that come in to the facility on Saturdays and Sundays do not sit on the fax machine until laboratory staff distribute them on Monday morning. The Care Center lab log that is currently in place will continue to be utilized to ensure that all nurses are aware when a lab is ordered so they know when to be expecting results. 4) 5) All residents who have orders for lab tests will be monitored daily by the facility QA Coordinator, or designee, to verify that results of the tests are received back at the facility and reported to the attending HCP in a timely. The Care Center lab log currently in place will be utilized to complete the QA process. This monitoring will be done x2 months. All results will be reported to the facility QA Committee and recommendations for further monitoring will be made by the Committee. Any problems identified during QA audits will be reported immediately to the Director of Nursing so corrective actions can be taken, as needed.	6/26/14