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 _____	05/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	1200 ROBERTS AVE NE 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 For the standard Medicare/Medicaid recertification survey started on May 26, 2015 and completed on May 28, 2015, the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide care in a manner that maintained or enhanced resident dignity for 1 of 9 sampled residents (Resident #2) and 1 supplemental resident (Resident #12) observed with a gait belt on during meals and/or in bed. Failure to remove the gait belt after use does not promote residents' dignity or enhance their quality of life, and has the potential to cause discomfort. Findings include: - Observation on 05/26/15 at 5:45 p.m. showed Resident #2 and #12 eating in the dining room with a gait belt secured around their waists. - On 05/27/15 at 9:40 a.m., a certified nurse assistant (CNA) (#3) entered Resident #2's room	F 241	1) Resident # 2's care plan was updated on 5/28/15 to include that resident may wear a gait belt PRN when out in the dining room due to her risk for falls and frequent attempts to get up and walk on her own. [redacted]. Staff were educated on 6/15/15 to remove gait belt from resident #2 once she is comfortably resting in bed. Staff were educated on 6/15/15 to remove gait belt from resident # 12's waist once she is safely seated in the dining room. Telephone per DON/ J.O. 6-18-15 2) All residents who require assist with ambulation and use of gait belt have the potential to be affected. 3) Education was provided to facility nursing staff on 6/15/15 regarding the importance of providing care for all residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This education included not leaving gait belts on residents once they are no longer needed for ambulation (unless care planned differently), as well as removing them to promote comfort and dignity when residents are in bed. Information on specific plan of care needs for residents' 2 and 12 was included in the education as well. [redacted]. Nursing staff were provided with the educational material and were required to sign off on a signature page indicating they received the training. Telephone per DON/ J.O. 6-18-15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nikki Johnson | TITLE: CNHA | (X6) DATE: 6/16/15

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 241	Continued From page 1 to get the resident up from the bed. When the CNA removed the blanket covering Resident #2, observation showed a gait belt around the resident's waist. The CNA stated Resident #2 had been up earlier in the morning and then went back to bed. - On 05/27/15 at 11:35 a.m., a CNA (#3) assisted Resident #2 up from the bed. Observation showed a gait belt around the resident's waist when the CNA removed the blanket. The CNA assisted Resident #2 to the toilet and then to the dining room with the front wheeled walker. The CNA (#3) failed to removed the gait belt after the resident sat in the dining room chair. At 12:15 p.m. observation showed Resident #2 at the dining room table with the gait belt still secured around her waist. During interview, on the afternoon of 05/28/15, two administrative staff members confirmed it is not the facility's practice to leave gait belts on residents during meals or while in bed.	F 241	Staff in activities, housekeeping, maintenance and dietary will also be provided with the education to help increase awareness of the requirement throughout the facility. These staff will also be required to sign off that they received the training. This will be done by 6/28/15. 4) 5) Facility Quality Assurance Coordinator, or designee, will monitor residents' 2 and 12 daily (Monday through Friday) at random times of the day to ensure that gait belts are being removed appropriately or left on residents only as care planned. This will be done x2 weeks and then decreased to randomly checked 2x/week x1 month. Any problems noted will be reported immediately to the Director of Nursing or appropriate nursing supervisor so corrective action can be taken, if needed. The same QA monitoring will be done randomly 5x/week x2 weeks on other residents having the potential to be affected. QA will decrease after the initial 2 weeks to randomly checked 2x/week x1 month. Any problems noted will be reported immediately to the Director of Nursing or appropriate nursing supervisor so corrective action can be taken, if needed. Results of all QA checks will be reported to the facility Quality Assurance Committee at regularly scheduled meetings where recommendations for further monitoring will be made.	7/02/2015