North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1013	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE HEARTLAND	**620 14TH AVE NE DEVILS LAKE, ND 58301**

(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
L2620	33-07-03.2-26,2 SECURED UNITS Licensed health care practitioner orders for placement in a secured unit must be documented in the resident's record and must be reviewed during the licensed health care practitioner's regular visits; This State Licensing Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to re-evaluate the appropriateness of placing residents on a secured unit for 2 of 5 sampled residents (Resident #21 and #52) who reside in the locked Memory Care Unit (MCU). Failure to ensure the licensed health care practitioner reviews the residents' current status and writes new orders during his/her regular visits may result in the inappropriate continued placement of residents on the locked unit. Findings include: - Review of Resident #21's medical record occurred on all days of survey. A pre-admission screening, dated 05/05/23, showed the physician recommended Resident #21 be admitted to the MCU. The record lacked a current order for Resident #21's continued placement on the locked MCU. - Review of Resident #52's medical record occurred on all days of survey. A pre-admission screening, dated 06/03/22, showed the physician recommended Resident #52 be admitted to the MCU. The record lacked a current order for Resident #52's continued placement on the locked MCU.	L2620	1. Resident #21 & #52□s physician has reviewed residents□ current status and has determined and documented continued memory care placement is still appropriate. 2. The facility has identified that all residents residing in the memory care unit have the potential to be affected by this practice. 3. Education will be provided on 05-16-2024 to the nurses and unit secretaries on the requirement to have the Licensed Health Professional review the resident□s current status and document orders regarding need for placement in memory care during each regular visit. 4. The Director of Nursing or designee will audit Licensed Health Professional regular visits to ensure re-evaluation and documentation of continued placement in memory care. The Director of Nursing or designee will audit memory care Health Professional regular visits weekly for one month, monthly for three months and quarterly for one year.	5/20/24

Health Repsonse and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/14/24

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L2620	Continued From page 1 During an interview on 04/17/24 at 5:34 p.m., an administrative staff member (#1) confirmed Resident #21 and #52's medical records lacked current orders for continued placement on the locked MCU.	L2620	If concerns are identified, immediate corrective action will be implemented. The results of the audits will be reported to the QA committee for further review and recommendation. 5. Compliance will occur on 05-20-2024.	