STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355069	A. BUILDING _____ B. WING _____	C 10/04/2017

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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced onsite complaint survey, prompted by a complaint, was conduced October 4, 2017. The sample included six (6) sampled residents for focused review.	F 000		
F 203 SS=D	NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE CFR(s): 483.15(c)(3)-(6)(8) (c) (3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (b)(5) of this section. (c) (4) Timing of the notice. (i) Except as specified in paragraphs (b)(4)(ii) and (b)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable	F 203		11/3/17

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

Electronically Signed | 10/30/2017

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F 203	Continued From page 1 before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (b)(1)(ii)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (b)(1)(ii)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (b)(1)(ii)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (b)(1)(ii)(A) of this section; or (E) A resident has not resided in the facility for 30 days. (c) (5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal	F 203		

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F 203	Continued From page 2 hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. (c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. (c)(8) Notice in advance of facility closure. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate	F 203		

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F 203	Continued From page 3 relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to notify the resident and his/her family member/legal guardian, in writing, of a transfer, including the destination and the reason for the transfer, and the resident's right to appeal the action for 2 of 3 sampled residents (Resident #1 and #5) transferred to the hospital. Failure to provide a notice of transfer does not allow the resident or guardian to make an informed choice. Findings include: Review of the facility's "Discharge and Transfer Regulation" policy occurred on 10/04/17. The policy, dated June 2017, stated, ". . . Emergency transfers: notice of transfer will be provided to the resident and resident representative as soon as practicable. Notice of transfer will be provided to the Ombudsman when practicable. . . . The reason for transfer or discharge. The effective date of transfer or discharge. The location to which the resident is transferred or discharged. A statement that the resident has the right to appeal the action to the State. The, address, and telephone number of the State Long-Term Care Ombudsman. . . ." - Review of Resident #1's medical record occurred on 10/04/17, and identified the facility transferred the resident to the hospital on 08/28/17. The record lacked evidence the facility provided the resident, his power of attorney (POA), and ombudsman, a written notice of	F 203	F203 1. A) Resident 1 due to timeliness of the deficiency cannot go back to notify family. B) Resident 5 due to timeliness of the deficiency cannot go back to notify family. 2. All residents who are transferred or discharged from the facility have the potential to be affected by the deficiency. 3. Social Services reviewed the Transfer / Discharge Policy with all nursing staff on Oct 23rd, 2017 at the Nursing meeting. Nurses not in attendance were contacted via telephone and policy reviewed. Social Services will monitor all transfer and discharges during the week and will insure proper completion of paper work, notification of family and the State Ombudsman occurs. 4. Social services will begin on 10/23/2017 to audit Transfers and Discharges Weekly for 4 weeks, Monthly for 2 Months and Quarterly for 3 months. An audit log has been developed that will be completed and forward to the QA Committee Monthly/Quarterly for review and comment. 5. 11/03/2017	

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F 203	Continued From page 4 transfer. - Review of Resident #5's medical record occurred on 10/04/17, and identified the facility transferred the resident to the hospital on 07/19/17. The record lacked evidence the facility provided the resident, his family member/legal representative, and ombudsman, a written notice of transfer. During an interview on 10/04/17 at 6:30 p.m., two administrative staff members (#1 and #2) reported facility staff had provided Resident #1 and his POA with a written notice of transfer, but were unable to locate the form. They also stated they failed to provide Resident #5 with a written notice of transfer.	F 203		
F 205 SS=D	NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR CFR(s): 483.15(d)(1)(i)-(iv)(2) (d) Notice of bed-hold policy and return- (1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding	F 205		11/3/17

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F 205	Continued From page 5 bed-hold periods, which must be consistent with paragraph (c)(5) of this section, permitting a resident to return; and (iv) The information specified in paragraph (c)(5) of this section. (2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (e)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide a written bed-hold notice upon transfer for 2 of 3 sampled residents (Resident #1 and #5) transferred to the hospital. Failure to provide a bed hold notice does not allow the resident or his/her family member/legal guardian to make an informed choice. Findings include: Review of the facility's "Bed Hold" policy occurred on 10/04/17. This policy, dated December 2013, stated, ". . . Upon transfer/admission to the hospital, the Social Worker or designee reviews the following information with the resident/responsible party . . . review Notice of Transfer for Hospitalization and obtain signature. Review Bed Hold Form and obtain signature. File signed forms in resident's record. . . . Social Worker or designee documents in resident record and notifies staff of bed hold preference. . . ."	F 205	F205 1. A) Resident 1 due to timeliness of the deficiency cannot go back to provide Bed Hold Notice to family. B) Resident 5 due to timeliness of the deficiency cannot go back to provide bed hold notice to family. 2. All residents who are admitted to the hospital or go on therapeutic leave from the facility have the potential to be affected by the deficiency. 3. Social Services reviewed the Bed Hold Notice Policy with all nursing staff on Oct 23rd, 2017 at the Nursing meeting. Nurses not in attendance were contacted via telephone and policy reviewed. Social Services will monitor all hospitalizations / therapeutic leaves during the week and will insure proper completion of paper	

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F 205	Continued From page 6 - Review of Resident #1's medical record occurred on 10/04/17, and identified the facility transferred the resident to the hospital on 08/28/17. The record lacked evidence the facility provided the resident and/or the resident's family member/legal guardian with a written bed hold notice. - Review of Resident #5's medical record occurred on 10/04/17, and identified the facility transferred the resident to the hospital on 07/19/17. The record lacked evidence the facility provided the resident and/or the resident's family member/legal guardian with a written bed hold notice. During an interview on 10/04/17 at 6:30 p.m., two administrative staff members (#1 and #2) reported facility staff had provided Resident #1's power of attorney (POA) with a written bed hold notice, but were unable to locate the form. They also stated they failed to provide Resident #5 with a written bed hold notice.	F 205	work, and notification of family occurs. 4. Social services will begin on 10/23/2017 to audit all situations that require a Bed Hold Notice weekly for 4 weeks, monthly for 2 months and quarterly for 3 months. An audit log has been developed that will be completed and forward to the QA Committee Monthly/Quarterly for review and comment. 5. 11/03/2017	
F9999	FINAL OBSERVATIONS The complaint issues regarding failing to administer medications following admission to the facility, failing to remove a catheter per physician's order and the resident's request, and failing to discharge the resident per his request, could not be substantiated.	F9999		