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
	8091	A. BUILDING: _____ B. WING _____	C 10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE LAKE COUNTRY MANOR BASIC C/	1332 10TH ST 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
B 000	INITIAL COMMENTS An unannounced on site complaint survey was completed on 10/06/25. The facility was found noncompliant with regulatroy requirements.	B 000	1. Resident 1-Insulin pens were brought to the pharmacy to be labeled with resident name and direction for use. Resident pens labeled with open date and discard date. Resident 2-Insulin pens were brought to the pharmacy to be labeled with resident name and direction for use. Resident pens labeled with open date and discard date. Resident 3-Insulin pens were brought to the pharmacy to be labeled with resident name and direction for use. Resident pens labeled with open date and discard date. Resident 4-Insulin pens were brought to the pharmacy to be labeled with resident name and direction for use. Resident pens labeled with open date and discard date.	10-25-25
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This State Licensing Rule is not met as evidenced by: Based on observation, review of manufacture instructions and review of facility policy, the facility failed to ensure proper labeling of insulin pens for 1 of 1 medication carts. Failure to label insulin pens with a resident name, directions for use, and date opened or to discard when expired may result in residents receiving an insulin that is not theirs, an incorrect dose, and/or adverse consequences. Findings include: The facility failed to provide a policy on insulin administration. Review of the facility policy titled " Medication Administration by Medication Assistant I - ND,"	B1540	2. All residents that receive insulin have the potential to be affected 3. Pharmacy was contacted with requirements for each resident individual pen need to have residents name and direction for use on it. The nursing staff will contact pharmacy if pens are delivered without labels on each pen. Nursing staff will bring pens back to pharmacy to be labeled if they are found to be lacking a label. All nursing staff and Certified medication assistants will label pens with open and discard date when a new pen is retrieved from the refrigerators.	

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

Matthew Gattis Administrator 10-23-25

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B1540	Continued From page 1 dated May 2021, stated, " . . . All medications . . . must be labeled properly from the pharmacy . . . labels will identify the resident, medication, dose, route, frequency, description of the medication . . ." Review of manufacturer's guidelines for "Humalog (Lispro) KwikPen" occurred on 10/06/25. The guidelines stated, ". . . must be used within 28 days or be discarded . . ." Review of manufacturer's guidelines for "Novolin N FlexPen" occurred on 10/06/25. The guidelines stated, ". . . stored at room temperature should be thrown away after 28 days." Review of manufacturer's guidelines for "Lantus SoloStar Pen" occurred on 10/06/25. The guidelines stated, "After 28 days, throw . . . pen away . . ." - Observation of the medication cart on 10/06/25 at 11:45 a.m. showed three Humalog insulin pens, two Novolin N insulin pens, and one Lantus insulin pen without open/discard dates, and two Humalog insulin pens and one Novolin N insulin pen without labels identifying the resident's name and directions for use. The facility failed to label insulin pens with the residents' name and directions, and to identify the date the insulin pens were opened and/or date to discard.	B1540	Certified Medication assistance staff meeting will be held on 10/23/2025 and will be educated that all pens must be labeled with the resident name and direction for use. All pens retrieved for use from the refrigerators must have an open and discard date. Medication assistant staff educated on the variety of insulins and their discard dates. Medication assistant staff educated that pens that are lacking a label need to be returned to the pharmacy by nursing staff to have a label placed. Medication Administration by Medication assistant 1 ND: policy reviewed with all medication assistant staff which included medications labeling requirement. 4. Facility will be in compliance with new practices on 10/25/2025 5. Senior Living Manger and or Licensed practical nurse will complete Audits on all resident will insulin 2 times weekly for 1 month, 1 x weekly for 3 months and 1 x monthly for 6 months. Audits will identify all resident insulin pens have the resident name and direction for use and an open and discard date. If any concerns are identified, immediate corrective action will be implements and the results of the audits will be reported to the QA committee for further review and recommendation.	