STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355063	A. BUILDING _____ B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKES HOME	242 10TH ST W DICKINSON, ND 58601

(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 The standard Medicare/Medicaid recertification survey started on 02/05/18 and concluded on 02/08/18.	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version1.15), professional reference, and staff interview, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the resident's status for 4 of 18 sampled residents (Residents #2, #6, #17, and #84) and 1 supplemental resident (Resident #55). Failure to accurately complete Section A (Identification Information), Section I (Active Diagnosis), Section J (Health Conditions), Section N (Medications), Section O (Special Treatments, Procedures and Programs), and Section P (Restraints and Alarms) of the MDS, does not allow each resident's assessment to reflect their current status/needs, and has the potential to affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION A: IDENTIFICATION INFORMATION The Long-Term Care Facility RAI User's Manual,	F 641	1. Resident #2□s P-0200E, #6□s A-0310E & J-1700A,, #17□s J-1800, #55□s N-0450B, and #84□s I-2300 & O-0100H had MDS corrections were done and submitted on 02/27/18. 2. All residents have the potential to be affected by this deficiency. 3. Education was provided to the MDS nurse on Sections A0310E, I-2300, J1700-A, J1800, N0450-B, O0100, and P0200-E by having the MDS nurse read these sections on 3/5/18 in the LTC RAI 3.0 manual. The MDS nurses will also start the MDS education program called MDS Essentials that will also include focuses on sections A, I, J, N, O, and P starting on the 9th of March, 2018. 4. Auditing will start on 12th of March 2018 by the MDS nurse who will first audit and then the director of nursing will double audit sections A0310E, I-2300, J1700-A, J1800, N0450-B, O0100, and P0200-E submissions daily for 2 weeks, then weekly for 6 weeks, and then be completed monthly for 4 months for MDSs submitted at the end of the month	3/15/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/02/2018

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F 641	Continued From page 1 revised October 2017, pages A-6 to A-7 stated, ". . . Coding Instructions for A0310E, Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the Most Recent Admission/Entry or Reentry? Code 0, no: if this assessment is not the first of these assessments since the most recent admission/entry or reentry. Code 1, yes: if this assessment is the first of these assessments since the most recent admission/entry or reentry. . . ." - Review of Resident #6's medical record occurred on all days of survey. The record identified Resident #6 was hospitalized after a fall on 01/15/18 and returned to the nursing facility on 01/17/18. The quarterly MDS, dated 01/26/18, identified Section A0310E coded as 0 not the first assessment since most recent admission/entry or reentry and should have been coded as 1 (yes). SECTION I: ACTIVE DIAGNOSIS: The Long-Term Care Facility RAI User's Manual, revised October 2017 page I-8 stated, ". . . Item I2300 Urinary tract infection (UTI): The UTI has a look-back period of 30 days for active disease instead of 7 days. Code only if both of the following are met in the last 30 days: 1. It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN [National Healthcare Safety Network], or Loeb in the last 30 days, AND 2. A physician documented UTI diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws)	F 641	and then quarterly twice. The designee shall monitor and report to the quality committee. Resident #2, #6, #17, #55, and #84 will also be checked for these areas with each MDS submission over the 6 month period.	

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F 641	Continued From page 2 in the last 30 days. . . ." The National Healthcare Safety Network (NHSN) Patient Safety Component Manual, dated January 2018 page 7-6 stated, ". . . Non-Catheter-associated Urinary Tract Infection (Non-CAUTI) in any age patient: Patient must meet 1, 2, and 3 below: 1. One of the following is true: Patient has/had an indwelling urinary catheter but it has/had not been in place > [greater than] 2 calendar days on the date of event. OR Patient did not have a urinary catheter in place on the date of event nor the day before the date of event. 2. Patient has at least one of the following signs or symptoms: fever (>38 degrees Celsius) in a patient that is < [less than or equal to] 65 years of age, suprapubic tenderness, costovertebral angle pain or tenderness, urinary frequency, urinary urgency, dysuria. 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of .105 CFU/ml [Colony Forming Unit per milliliter]. - Review of Resident #84's medical record occurred on all days of survey. The resident's progress notes identified the following: * 01/12/18 at 2:57 p.m.: "Resident is lethargic and having difficulties staying focused. Vital signs stable except for temp [temperature] is 100.0. Called Doctor [Name] who gave orders to give resident 650 mg Tylenol and if resident is still lethargic to sent her to ER [Emergency Room]." * 01/12/18 at 5:05 p.m.: "Resident still lethargic and having a fever. Sent to ER for evaluation per Doctor [Name]." The hospital discharge summary, dated	F 641		

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F 641	Continued From page 3 01/18/18, identified a diagnosis of UTI (urinary tract infection) and a urine culture identifying Klebsiella pneumoniae (bacteria). The quarterly MDS, dated 01/25/18, failed to code a UTI diagnosis in the last 30 days in section I2300. SECTION J: HEALTH CONDITIONS The Long-Term Care Facility RAI User's Manual, revised October 2017, pages J-26 to J-28 stated: ". . . . Coding Instructions for J1700A, Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no falls and transfer records and medical records do not document a fall in the month preceding the resident's entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident's entry date item (A1600). . . . Coding Instructions for J1700C. Did the Resident Have Any Fracture Related to a Fall in the 6 Months prior to Admission/Entry or Reentry? Code 0, no: if resident and family report no fractures related to falls and transfer records and medical records do not document a fracture related to fall in the 6 months (0-180 days) preceding the resident's entry date item (A1600). Code 1, yes: if resident or family report or transfer records or medical records document a fracture related to fall in the 6 months (0-180 days) preceding the resident's entry date item (A1600). . . ." - Review of Resident #6's medical record occurred on all days of survey. The progress notes identified the following: * 01/15/18 14:20 "Staff was informed by another	F 641		

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F 641	Continued From page 4	F 641		

resident that she heard resident fell."
*01/15/2018 at 6:18 p.m., "Telephone call made to [Name of Hospital]. Spoke with ER Nurse [Name] who informed writer resident was admitted at 1745H [5:45 p.m.] due to humerus fracture and 3 rib fracture [sic]."

The quarterly MDS, dated 01/26/18 identified Section J1700A should have been coded as 1 (yes) for a fall in the last month prior to admission/entry or reentry, and J1700C should have been coded as 1 (yes) for a fracture related to a fall in the last six months prior to admission/entry or reentry. The quarterly MDS, dated 01/26/18, failed to accurately reflect the resident's status upon reentry to the facility.

During an interview on 02/08/18 at 10:36 a.m., the MDS coordinator (#1) agreed Resident #6's fall on 01/15/18 should have been coded on the 01/26/18 MDS.

- Review of Resident #17's medical record occurred on all days of survey. A progress note, dated 11/22/17 at 9:59 p.m., stated, "Resident fell in his room, he states "I wanted to get up and go check the cows. He landed on the floor matt [sic]. No injury noted. Vital signs within normal limits. . . ."

A quarterly MDS, dated 12/05/17, identified section J1800 coded as 0 (no falls).

During an interview on 02/07/18 at 10:34 a.m., the MDS coordinator (#1) agreed Resident #17's fall on 11/22/17 should have been coded under J1800 as 1 (yes) on the 12/05/17 MDS.

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F 641	Continued From page 5 SECTION N: MEDICATIONS The Long-Term Care Facility RAI User's Manual, revised October 2017 page N- 12-13 ". . . 2. If the resident received an antipsychotic medication, review the medical record to determine if a gradual dose reduction [GDR] has been attempted. 3. If a gradual dose reduction was not attempted, review the medical record to determine if there is physician documentation that the GDR is clinically contraindicated. . . if a GDR has been attempted . . . Enter the date of the last attempted Gradual Dose Reduction." - Review of Resident #55's medical record occurred on February 7-8, 2018. A nursing progress note stated, "11/15/2017 15:47 [3:47 p.m.] Resident seen on rounds by [physician's name]. Received order to decrease Risperdal [an antipsychotic] to 0.25 mg [milligram] PO [orally] BID [twice a day]. . . ." A physician's order, dated 11/15/17, identified Risperdal 0.25 mg twice a day. The record showed the prior dose of the antipsychotic had been 0.5 mg BID. A quarterly MDS, dated 12/22/17, failed to code N0450B as 1 (yes) identifying a GDR had been completed on 11/15/17. During an interview on 02/08/18 at 11:37 a.m., the MDS coordinator (#1) confirmed Resident #55's current MDS should have been coded that a GDR had been completed for the antipsychotic medication. SECTION 0: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS The Long-Term Care Facility RAI User's Manual, revised October 2017 pages O-2 to O-3 stated, ".	F 641		

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F 641	Continued From page 6 . . Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the last 14 days. Coding Instructions for Column 1: Check all treatments, procedures, and programs received or performed by the resident prior to admission/entry or reentry to the facility and within the 14-day look-back period. . . . . O0100H, IV medications: Code any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. . . ." - Review of Resident #84's medical record occurred on all days of survey. The hospital discharge summary, dated 01/18/18, identified Resident #84 received Ceftriaxone sodium (antibiotic) 2 mg by IV (intravenous) on 01/17/18. The quarterly MDS, dated 01/25/18, failed to code the IV antibiotic Resident #84 received on 01/17/18 in section O0100H. During an interview on 02/08/18 at 12:36 p.m., the MDS coordinator (#1) agreed the IV antibiotic received at the hospital on 01/17/18 should have been coded on the 01/25/18 MDS in section O0100H column 1. SECTION P: ALARMS The Long-Term Care Facility RAI User's Manual, revised October 2017 page P-9-10, stated, "Identify all alarms that were used at any time (day or night) during the 7-day look-back period . . . Wander/elopement alarm includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn by/attached to the	F 641		

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F 641	Continued From page 7 resident that activate an alarm and/or alert the staff when the resident nears or exits a specific area or the building. This includes devices that are attached to the resident's assistive device (e.g.[example given], walker, wheelchair, cane) or other belongings." - Observation on 02/06/18 at 10:50 a.m. identified Resident #2 with a wanderguard on her wrist. - Review of Resident #2's medical record occurred on all days of survey. Current physician orders stated, "Ensure wanderguard is in place and functioning. Once A Day on Sunday . . . 11/28/2016." An "Elopement Risk - Observation" form, dated 01/26/18, identified a door alarm band (wanderguard) used as an intervention for Resident #2. - Review of Resident #2's current care plan stated, ". . . Interventions: . . . To minimize risks to her safety, we will equip [Resident #2] with a wander guard. Please be sure it is on and functioning. . . ." A quarterly MDS, dated 01/26/18, failed to identify a wander/elopement alarm for Resident #2. During an interview on 02/08/18 at 11:37 a.m., the MDS coordinator (#1) confirmed Resident #2 wears a wanderguard.	F 641		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 658		3/15/18

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F 658	Continued From page 8 (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, policy review, professional reference, staff interview, and consultant pharmacist interview, the facility failed to provide scheduled medication for 6 of 18 sampled residents (Resident #2, #28, #44, #50, #64, and #83) in a timely manner. Failure to ensure dosing intervals follow physicians' order and/or drug manufacturer's recommendations may result in an adverse reaction and ineffective management of a resident's condition. Findings include: Review of the facility policy titled "Administering Medications" occurred on 02/08/18. This policy, dated September 2011, stated, ". . . 3. Medications must be administered in accordance with the orders, including any required time frame. . . ." "Nursing 2017 Drug Handbook," 37th edition, Wolters Kluwer, Pennsylvania, pages 74-76, states for Tylenol, "INDICATIONS & DOSAGES: Mild pain or fever, P.O. [orally]. Adults: 325 to 650 mg P.O. every 4 to 6 hours. . . . NURSING CONSIDERATIONS: . . . Consider reducing total daily dose and increasing dosing intervals in patients with hepatic or renal impairment." Pages 1448-1450 states for tramadol, "INDICATIONS & DOSAGES: Moderate to moderately severe chronic pain . . . PATIENT TEACHING: . . . Tell patient to take drug as prescribed and not to increase dose or dosage interval unless ordered by prescriber. . . ."	F 658	1. The set time range was changed with pharmacist approval and set for AM at 7:30 a.m., NOON 11:15 a.m., PM 3:00 p.m., and HS at 7:30 p.m. and this occurred 19 February 2018. Daily was set at AM. BID was set at AM & HS. TID was set at AM, NOON, and HS. QID was set for AM, NOON, PM, and HS. Medication times were changed to set times for Resident #28□s TID albuterol, (#44□s QID Tylenol, TID Tramadol, and QID DuoNeb), #50□s TID baclofen and TID Zanaflex, and #83□s QID Carbidopa-Levodopa and TID Neurontin. Resident #64□s clonazepam medication order was changed on 02/21/18 to BID. Resident #2□s Tylenol and Buspirone have been discontinued on 02/24/18. 2. All residents have the potential to be affected by this deficiency. 3. All resident medication times were changed to a set time with examples being (AM at 7:30 a.m., NOON 11:15 a.m., PM 3:00 p.m., and HS at 7:30 p.m. Daily was set at AM. BID was set at AM & HS. TID was set at AM, NOON, and HS. QID was set for AM, NOON, PM, and HS.) during the weeks of 19 February 2018 thru 6th of March 2018. Nursing staff will be educated on the upcoming time changes and need to double check times between medications at a meeting on 2/15/18 and 3/15/18. 4. Auditing will start on 12 March 2018 by the two-unit nurse managers or the	

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F 658	Continued From page 9 - Review of Resident #44's medical record occurred on all days of survey. Diagnoses included dorsalgia (back pain), shoulder pain, and chronic obstructive pulmonary disease (COPD). * Physician's orders included Tylenol 650 milligrams (mg) four times daily (QID). The electronic Medication Administration Record (eMAR) listed the administration times at "AM," "NOON," "PM," and "HS" (bedtime), which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., 3:00-6:30 p.m., and 7:00-11:00 p.m. respectively. Resident #44's "Administration History" report, dated 01/08/18 to 02/07/18, identified the exact time staff administered each dose of Tylenol. This report showed Resident #44 received two consecutive doses of Tylenol less than three hours apart on eight occasions and less than two hours apart on three occasions, with the shortest time separation of one hour and 25 minutes. * Resident #44's physician's orders included tramadol 50 mg three times daily (TID). The eMAR listed the administration times at "AM," "NOON," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-1:00 p.m., and 7:00-11:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/08/18, showed Resident #44 received the 01/30/18 "AM" dose of tramadol at 11:34 a.m., with the reason "Administered late." The resident received the "NOON" dose at 12:25 p.m., only 51 minutes later. * Resident #44's physician's orders included ipratropium-albuterol (DuoNeb) nebulizer four	F 658	director of nursing for Residents #2, #28, #44, #50, #64, and #83 and ten random residents, medication times and time between medication appropriateness. This will be done daily for 2 weeks, then weekly for 6 weeks, then monthly for 4 months, and quarterly twice. The designee shall monitor and report to the quality committee.	

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F 658	Continued From page 10 times a day with special instructions "every 4 hours while awake." The eMAR listed the administration times at "AM," "NOON," "PM," and "HS," which the facility defined as 8:00-11:00 a.m., 12:00-2:00 p.m., 4:00-6:30 p.m., and 8:00-11:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/07/18, showed Resident #44 received two consecutive doses of DuoNeb less than three hours apart on 15 occasions, with the shortest time separation of one hour and 56 minutes. - Review of Resident #64's medical record occurred on all days of survey. Diagnoses included anxiety. Physician's orders included clonazepam 0.5 mg TID. The eMAR listed the administration times at "AM," "NOON," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., and 7:00-11:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/08/18, showed Resident #64 received two consecutive doses of clonazepam less than three hours apart on three occasions. - Review of Resident #28's medical record occurred on all days of survey. Diagnoses included asthma. Physician's orders included albuterol nebulizer 2.5 mg in 3 milliliter solution TID. The eMAR listed the administration times at "AM," "PM," and "HS," which the facility defined as 6:00-8:00 a.m., 3:00-5:00 p.m., and 7:00-11:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/08/18, showed Resident #28 received two consecutive doses of albuterol less than three hours apart on four occasions, with the shortest time separation of one hour and 36 minutes.	F 658		

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(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 658	Continued From page 11	F 658		

-Review of Resident #2's medical record occurred on all days of survey. Diagnoses included paranoid schizophrenia, osteoarthritis, anxiety disorder, and Alzheimer's disease.
* Physician's orders included Tylenol 650 mg TID. The eMAR listed the administration times at "AM," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 3:00-6:30 p.m., and 6:00-10:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/07/18, showed Resident #2 received two consecutive doses of Tylenol less than two hours apart on 11 occasions.

"Nursing 2017 Drug Handbook," 37th edition, Wolters Kluwer, Pennsylvania, page 256, stated for buspirone, ". . . INDICATIONS & DOSAGES Anxiety disorders . . . ADMINISTRATION . . . Give drug at the same time each day . . . "

* Resident #2's physician's orders included buspirone (an antianxiety medication) 10 mg TID. The eMAR listed the administration times at "AM," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 2:00-5:00 p.m., and 6:00-10:00 p.m. respectively. The "Administration History" report, dated 01/09/18 to 02/07/18, showed Resident #2 received buspirone PM dose as long as nine hours after the AM dose; then the HS dose administrated only 2 hours after the PM dose. This scenario occurred on 6 occasions.

- Review of Resident #50's medical record occurred on all days of survey. Diagnoses included Multiple sclerosis.
* Physician's orders included Baclofen 30 mg

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	355063	A. BUILDING _____ B. WING _____	02/08/2018

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F 658	Continued From page 12 TID. The eMAR listed the administration times at "AM," "Noon," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., and 7:00-10:30 p.m. respectively. The "Administrative History" report, dated 01/08/18 to 02/08/18, showed Resident #50 received two consecutive doses of Baclofen less than three hours apart on four occasions and less than two hours apart on one occasion, with the shortest time separation of one hour and 21 minutes. * Resident #50's physician's orders included Zanaflex 4 mg 1/2 tab TID. The eMAR listed the administration times at "AM," "Noon," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., and 7:00-11:30 p.m. respectively. The "Administrative History" report, dated 01/08/18 to 02/08/18, showed Resident #50 received two consecutive doses of Zanaflex less than three hours apart on five occasions, and less than two hours apart on four occasions, with the shortest time separation of 47 minutes. -Review of Resident #83's medical record occurred on all days of survey. Diagnoses included Parkinson's disease, restless leg syndrome, and myasthenia gravis. * Physician's orders included Carbidopa-Levodopa 50-200 mg QID. The eMAR listed the administration times at "AM," "Noon," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00-2:00 p.m., 3:00-6:30 p.m., and 7:00-11:30 p.m. respectively. The "Administrative History" report, dated 01/08/18 to 02/08/18, showed Resident #83 received two consecutive doses of Carbidopa-Levodopa less than three hours apart on 11 occasions.	F 658		

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F 658	Continued From page 13 * Resident #83's physician's orders included Neurontin 200 mg TID. The eMAR listed the administration times at "AM," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 3:00-6:30 p.m., and 7:00-11:00 p.m. respectively. The "Administrative History" report, dated 01/08/18 to 02/08/18, showed Resident #83 received two consecutive doses of Neurontin less than three hours apart on two occasions. During an interview on 02/07/18 at 2:55 p.m., when asked how staff ensured medications are administered with an adequate interval between doses, a nurse (#6) stated when a medication "pops up" on the eMAR screen as ready to administer, the nurse should look at the time displayed on the screen to determine when the prior dose was administered. During an interview on 02/08/18 at 12:50 p.m., a consultant pharmacist (#7) stated, "There should be at least four hours between doses of Tylenol." He was not aware staff administered medication so close to the last dose, and stated a solution would be to have specific times for administration with doses at least four to six hours apart. Failure of nursing staff to administer medications with adequate intervals between doses may affect the efficiency of the medication and negatively impact the resident.	F 658		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		3/15/18

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F 689	Continued From page 14 §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, review of a professional reference, and staff interview, the facility failed to provide adequate supervision and assistive devices necessary to prevent accidents for 1 of 5 sampled residents (Resident #13) observed during a gait belt transfer. Failure to properly use a gaitbelt during transfers placed the resident at risk of accidents and injury. Findings include: Berman, Snyder, and Frandsen, "Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice," 10th edition, Pearson Education, Inc., New Jersey, page 1054, stated, "Assisting a Client to Ambulate . . . If the client is a low safety risk . . . use a gait/transfer belt for standby assist as needed and assistive devices as needed . . . and 1-2 caregivers. Make sure the belt is pulled snugly around the client's waist and fastened securely. Grasp the belt at the client's back . . ." During an observation on 02/05/18 at 12:12 p.m., two certified nursing assistants (CNA) (#3 and #4) transferred Resident #13 from the bed to a wheelchair (w/c) with a gaitbelt. When the resident stood, the gaitbelt slid up the resident's back. Staff failed to tighten or readjust the gait belt. The CNAs (#3 and #4) then transferred Resident #13 from the w/c to the toilet while one CNA (#4) held onto the waist band of the resident's pants and the other CNA (#3) held to	F 689	1. Resident #13 was evaluated on 2/28/18 for the appropriateness of gait-belt transfers by physical therapy and is a one person transfer with gait-belt. 2. All residents have the potential to be affected by this deficiency. 3. Education was provided to all nursing staff on proper gait belt use during transfers at the 2/15/18 and 3/15/18 nurse meeting. Education was also provided on the units on 2/28/18 for staff to sign off on reviewing gait belt transfers. The facility also created a gait belt transfer policy that was educated on at the 3/15/18 nurse meeting. 4. Auditing will start on the 12th of March 2018 by the staff development nurse or director of nursing for Resident #13 and two random residents for each unit (prairie, badlands, homestead, and western) totaling nine residents. This will be done daily for 2 weeks, then weekly for 6 weeks, then be completed monthly for 4 months, and then quarterly twice. The designee shall monitor and report to the quality committee.	

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F 689	Continued From page 15 the gait belt. The CNA (#4) failed to use the gait belt during the transfer. During an observation on 02/06/18 at 7:20 a.m., a CNA (#5) transferred Resident #13 from her recliner to the w/c using a gaitbelt placed around the resident's waist. The CNA (#5) held the gait belt with her right hand and with her left arm, lifted under the resident's arm axilla. During an interview on 02/08/18 at 12:02 p.m., an administrative nurse (#2) stated the facility did not have a policy on the correct use of a gait belt.	F 689		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in	F 755		3/15/18

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F 755	Continued From page 16 the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record review, policy review, consultant pharmacy information sheet, staff interview, and consultant pharmacist interview, the facility failed to provide pharmaceutical services regarding developing policies/procedures to assure the timely administration of medications for 6 of 18 sampled residents (Resident #2, #28, #44, #50, #64, and #83) who received scheduled medications at inappropriate time intervals. Failure to establish and implement an effective policy/procedure regarding specific timing of medication administration may prevent the residents from achieving the desired pharmacological outcome. See F658. Findings include: Review of the facility policy titled "Administering Medications" occurred on 02/08/18. This policy, dated September 2011, stated, ". . . 3. Medications must be administered in accordance with the orders, including any required time frame. . . ." The policy failed to include guidance on the facility's practice of using time ranges versus a single time to administer scheduled	F 755	1. The set time range was changed and set for AM at 7:30 a.m., NOON 11:15 a.m., PM 3:00 p.m., and HS at 7:30 p.m. with the pharmacist approval. Daily was set at AM. BID was set at AM & HS. TID was set at AM, NOON, and HS. QID was set for AM, NOON, PM, and HS. Medication times were changed to set times for Resident #28□s TID albuterol, (#44□s QID Tylenol, TID Tramadol, and QID DuoNeb), #50□s TID baclofen and TID Zanaflex, and #83□s QID Carbidopa-Levodopa and TID Neurontin. Resident #64□s clonazepam medication order was changed on 02/21/18 to BID. Resident #2□s Tylenol and Buspirone have been discontinued on 02/24/18. 2. All residents have the potential to be affected by this deficiency. 3. Education was provided to the pharmacist in person on 9th Feb, 2018 about the need to change the consulting pharmacy medication pass times for AM, NOON, PM, HS. A new consulting pharmacy policy for medication pass times has been created. St. Lukes has	

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F 755	Continued From page 17 medications. Review of Resident #2, #28, #44, #50, #64, and #83 scheduled medications showed the following time range discrepancies: - Resident #2's Tylenol 650 milligrams (mg) three times daily (TID) scheduled at "AM," "PM," and "HS" (bedtime), which the facility defined as 7:00-11:00 a.m., 3:00-6:30 p.m., and 6:00-10:00 p.m. respectively. - Resident #2's buspirone 10 mg TID scheduled at "AM," "PM," and "HS" which the facility defined as 7:00-11:00 a.m., 2:00-5:00 p.m., and 6:00-10:00 p.m. respectively. - Resident #28's albuterol nebulizer 2.5 mg in 3 milliliter solution TID scheduled at "AM," "PM," and "HS," which the facility defined as 6:00-8:00 a.m., 3:00-5:00 p.m., and 7:00-11:00 p.m. respectively. - Resident #44's Tylenol 650 mg four times daily (QID) scheduled at "AM," "NOON," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., 3:00-6:30 p.m., and 7:00-11:00 p.m. respectively. - Resident #44's tramadol 50 mg TID scheduled at "AM," "NOON," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-1:00 p.m., and 7:00-11:00 p.m. respectively. - Resident #44's ipratropium-albuterol (DuoNeb) nebulizer QID scheduled at "AM," "NOON," "PM," and "HS," which the facility defined as 8:00-11:00 a.m., 12:00-2:00 p.m., 4:00-6:30 p.m., and 8:00-11:00 p.m. respectively. - Resident #50's Baclofen 30 mg TID scheduled at "AM," "Noon," and "HS" which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., 7:00-10:30 p.m. respectively. - Resident #50's Zanaflex 4 mg 1/2 tab TID	F 755	updated our policy Administering medications on having set medication times. Nursing staff will be educated about the new consulting pharmacy and facility medication pass policy at the 15th of March, 2018 unit meeting. 4. Auditing will start on the 12th of March, 2018 by the two-unit nurse managers for Residents #2, #28, #44, #50, #64, and #83 and ten random resident□s medications focused on the order times and time between medication appropriateness; daily for 2 weeks, then weekly for 6 weeks, then be completed monthly for 4 months, and then quarterly twice. The designee shall monitor and report to the quality committee.	

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F 755	Continued From page 18 scheduled at "AM," "Noon," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., and 7:00-11:30 p.m. respectively. - Resident #64's clonazepam 0.5 mg TID scheduled at "AM," "NOON," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00 a.m.-2:00 p.m., and 7:00-11:00 p.m. respectively. - Resident #83's Carbidopa-Levodopa 50-200 mg QID scheduled at "AM," "Noon," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 11:00-2:00 p.m., 3:00-6:30 p.m., and 7:00-11:30 p.m. respectively. - Resident #83's Neurontin 200 mg TID scheduled at "AM," "PM," and "HS," which the facility defined as 7:00-11:00 a.m., 3:00-6:30, p.m., and 7:00-11:00 p.m. respectively. On the morning of 02/08/18, a nurse administrator (#2) provided the facility's policy and an information sheet from their consultant pharmacy regarding medication times. The form, revised January 2017, stated, "Medication Pass times: AM: 8:00 AM To 10:30 AM; NOON: 11:00 AM to 1:30 PM; PM 2:00 PM To 6:30 PM; HS 7:00 PM To 7:30 AM . . . Medication Times that differ from above times must be communicated to the pharmacy with a new order. . . . " The time ranges the facility assigned for Resident #2, #28, #44, #50, #64, and #83's medications did not correspond to the consultant pharmacy's information sheet. During an interview on 02/08/18 at 11:40 a.m., a nurse administrator (#2) stated the medication administration ranges (AM, NOON, PM, HS) are automatically entered in the electronic Medication Administration Record per the facility computer system, depending on whether the physician	F 755		

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F 755	Continued From page 19 ordered the medication as daily, twice daily, TID, or QID, but was not able to answer how the time range was determined for each medication. This nurse administrator agreed the time ranges were not consistent and did not correspond to the medication pass times from the consulting pharmacy. During an interview on 02/08/18 at 12:50 p.m., a consultant pharmacist (#7) stated the facility used a time range so staff did not have to administer medication at a specific hour, and expected the nurse to check when the last dose was given prior to administering the next dose. Failure to establish and implement an effective policy/procedure regarding specific timing of medication administration may prevent residents form achieving the desired pharmacological outcome.	F 755		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs	F 758		3/15/18

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F 758	Continued From page 20 unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy and procedure, and staff interview the facility failed to provide non-pharmacological interventions and indication for use for 1 of 1 sampled resident (Resident #61) who received as needed (PRN) antianxiety medication. Failure	F 758	1. Resident #61□s PRN Ativan has been discontinued. 2. All residents have the ability to be affected by this deficient practice. 3. Education was provided at the 02/15/18 and 3/15/18 nurse meeting	

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F 758	Continued From page 21 to attempt non-pharmacological interventions prior to administering an antianxiety medication and provide an indication for use may result in residents receiving unnecessary medications and experiencing adverse drug effects related to their use. Findings include: Review of the facility policy titled "St. Luke's Home for Administering PRN Medications" occurred on 02/08/18. This undated policy stated, "1. Use of PRN medications a. Used for a resident's specific complaint or symptom for which the medications was ordered. i. Never used for 'what if' complaints, symptoms or staff convenience. b. If PRN medications is for behavioral and anxieties: i. If complaint or symptom cannot be relieved by other interventions (exercise, 1:1 staff, quiet time, radio, T.V., other items calming to the resident, activities, ect.) then may proceed with medicating when other interventions fail. . . ." Review of Resident #61's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, dementia with behavioral disturbance, and anxiety disorder. Current physician orders identified "09/15/2017 Ativan (lorazepam) [antianxiety medication] . . . 0.5 mg [milligram] amt[amount] 1 tab[tablet] oral. Frequency: Once A Day - PRN Once a day. Special Instructions: [blank] Diagnosis: Anxiety disorder, unspecified" The order failed to indicate special instructions or indications for use of the medication. Review of Resident #61's care plan stated the	F 758	about unnecessary psychotropic PRN medications, attempting non-pharmacological options first, and ensuring that PRN medications have a medical provider reason for the PRN usage. 4. Auditing will start on 12 March 2018 by the two-unit nurse managers to check Resident #61 and any other resident with PRN psychotropics for appropriate indication of use and attempting non-pharmacological interventions first. This will occur daily for 2 weeks, weekly for 6 weeks, then completed monthly for 4 months, and then quarterly twice. The designee shall monitor and report to the quality committee.	

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F 758	Continued From page 22	F 758		

following:
"Problem: . . . Mood State/Behavioral Symp. [symptoms] /Psychotropic Drug Use . . . has a history of having episodes of tearfulness but not being able to explain why. He has a history of calling out "nurse, nurse" but when staff arrives he doesn't want/need anything. . . . If [Resident #61] becomes anxious or tearful, please make sure he is safe and offer reassurance. Please let the charge nurse and/or social services know. . . enjoys visiting about his life. Offer him reassurance. Stop in when you have time and chat with him as it calms him. . . ."

Review of Resident #61's nursing progress notes stated the following:
* 10/29/17 12:04 p.m., "Resident was having crying episodes and kept stating 'I feel so confused and I don't like it.' Resident was reassured that staff is here for him. He asked to speak with his son. Resident was given PRN Ativan and spoke with son. Resident has stopped crying and is going to go to the dining room to have lunch."
* 12/31/17 11:35 a.m., "Resident visibly upset and anxious at breakfast, crying and repeatedly asking, 'where am I.' PRN Ativan administered with positive results.

Review of Resident #61's Medication Administration Record (MAR) regarding the PRN Ativan identified the following:
* "10/03/2017 Once a day 10/03/2017 13:03 [1:03 p.m.] PRN Reason: Behavior issue [name of staff nurse] Comment: crying"
* "10/29/2017 Once a day 10/29/2017 12:04 PRN Reason: Behavior issue [name of staff nurse] Comment: resident crying"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355063	A. BUILDING _____ B. WING _____	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKES HOME	**242 10TH ST W DICKINSON, ND 58601**

(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 758	Continued From page 23 * "12/31/2017 Once a day 12/31/2017 11:35 PRN Reason: Behavior issue [name of staff nurse] Comment: anxiety, crying" During an interview at 2:25 p.m. on 02/07/18 regarding the use of Resident #61's PRN antianxiety, an administrative nurse (#2) stated, "[the order] should be specific, you want to know why to give it."	F 758		