DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355083	A. BUILDING _____ B. WING _____	C 06/04/2015

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 For the unannounced complaint survey conducted June 4,2015, the sample included six residents for focused review.	F 000		
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainant, record review, and resident interview, the facility failed to review and revise the comprehensive care plan to reflect the residents' current status for 4 of 6 sampled residents (Resident #1, #3, #5, and #6). Failure to revise the care plans limited staff's ability to	F 280	As of June 19th, 2015, dietary manager had updated and revised the care plans for residents identified in survey sample and all other residents in the facility who have the potential to be affected by this. All resident diets and allergies have been reconciled with physician order, care plan, diet list, and meal slips updated. On admission or status change, a dietary intake will be taken to communicate resident dietary needs such as allergies, likes, dislikes. This will be reflected in the comprehensive care plan within 7 days and reflected in point of care for staff. Initial review completed on 6/19/15, the week of June 29, 2015 Dietary Manager or designee will monitor resident care plans for accuracy and revise as necessary and will be reported to the quality committee. Monitor: Weekly x 4 weeks; Monthly x 3 months; Quarterly x 4	6/29/2015

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

Interim Administrator 7-6-15

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 280	Continued From page 1 communicate care needs and ensure continuity of care for each resident. Findings include: Information provided by the complainant indicated the facility served cheese and shrimp to residents with a known allergy and/or food intolerance. - Resident #1's medical record identified the resident as allergic to lactose. Her tray slip stated, ". . . Allergy: Dairy Products . . ." Resident #1's current care plan failed to reflect her allergy to dairy products. - Resident #3's medical record, reviewed 06/04/15, identified the resident as allergic to shrimp. His tray slip stated, ". . . Allergy: Shrimp . . . Lactose Intolerant. . . ." During interview on 06/04/15 at 9:05 a.m., Resident #3 (identified by the facility as interviewable) stated, "I'm allergic to shrimp. Oh, and [I] am lactose intolerant." Resident #3's current care plan failed to reflect his allergy to dairy products. - Resident #5's medical record identified the resident as allergic to dairy and eggs. His tray slip stated, ". . . Allergy: Eggs & [and] Dairy. . . ." Resident #5's current care plan failed to reflect his allergy to dairy products and eggs. - Resident #6's medical record identified the resident as allergic to shellfish. Her tray slip stated, ". . . Allergy: Shrimp Shellfish. . . ."	F 280		

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F 280	Continued From page 2 During interview on 06/04/15 at 12:47 p.m., Resident #6 (identified by the facility as interviewable) stated, "I'm allergic to fish, shrimp, [and] penicillin." Resident #6's current care plan failed to reflect her allergy to shrimp/shellfish.	F 280		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainant, observation, record review, and resident and staff interviews, the facility failed to ensure residents were not served foods that had the potential to cause adverse consequences for 3 of 6 sampled residents (Resident #2, #3, and #4) with known allergies and/or food intolerances. Failure to ensure residents received only food items compatable with their nutritional needs may result in adverse consequences such as hives, swelling of the lips, face, tongue, and throat, anaphylaxis, abdominal cramping, nausea, and/or	F 325	As of June 19th, 2015: The three residents identified in survey sample along with other residents in facility with the same potential have been interviewed by Dietary manager for specific food intolerances and foods they wish to avoid, these items were updated on meal slip, care plan, and diet list, with faxes written to the Doctor as required. Based on medical record review resident #2 was found to have lactose on her allergy list. Upon interview states it is not an intolerance or allergy but prefers to avoid milk and ice cream. Resident #3 has no supporting diagnosis and no negative outcome when receiving lactose containing products per request. Resident comments to staff he is lactose intolerant although wishes and request staff to bring items such as ham and cheese sandwiches, milk, ice cream, etc. Resident #4 had lactose intolerant listed on her meal ticket with no supporting diagnosis, requests to avoid milk, cheese, pudding, and ice cream but will at times request to receive items containing lactose per her preference and request. 6/22/2015: Dietary staff was educated on reading of resident slips, and the importance of watching for allergies and intolerances. The week of June 29, 2015 Dietary manager or designee will monitor random sample of 5 resident meal plates (who have allergies or intolerances) will be monitored weekly x 4 weeks; monthly x3 months; quarterly x4 months for accuracy and will be reported to the quality committee.	6/29/2015

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F 325	Continued From page 3 diarrhea. Findings include: Information provided by the complainant indicated the facility served cheese and shrimp to residents with a known allergy and/or food intolerance. - Resident #4's medical record, reviewed on 06/04/15, identified the resident as lactose intolerant. Her tray slip stated, ". . . Lactose Intollerant. . . ." Observation on 06/04/15 at 12:47 p.m. showed an unidentified certified nursing assistant (CNA) delivered Resident #4's meal with a carton of milk. Resident #4 refused the milk. - Resident #3's medical record, reviewed 06/04/15, identified the resident as allergic to shrimp. His tray slip stated, ". . . Allergy: Shrimp . . . Lactose Intolerant. . . ." During interview on 06/04/15 at 9:05 a.m., Resident #3 (identified by the facility as interviewable) stated, "I'm allergic to shrimp. Oh, and [I] am lactose intolerant." He reported the facility served him "shrimp on one occasion, but [he] sent it back. It's written on my sheet [tray slip]." He added, "They do serve me cheese. They serve me a ham and cheese [sandwich]. I get cheeseburgers too. Yeah, it's still happening." - Resident #2's medical record, reviewed 06/04/15, identified the resident as allergic to dairy products and eggs. Her tray slip stated, ". . . Allergy: Egg & [and] dairy. . . ." During an interview on 06/04/15 at 9:15 a.m.,	F 325		

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F 325	Continued From page 4 Resident #2 (identified by the facility as interviewable) stated, "I'm allergic to strawberries, chocolate, iodine, shellfish. They serve them to me, but I don't eat them. I just push it to the side. I was brought up during the depression. It if was placed in front of you, you ate it or went hungry. I don't complain." During an interview on 06/04/15 at 9:30 a.m., a managerial dietary staff member (#1) reported, "There is a diet list in each kitchen with allergies, intolerances. It's printed on the meal ticket too." During an interview on 06/04/15 at 1:30 p.m., a dietary staff member (#2) reported, "Allergies and intolerances are listed on their tickets." She also stated, "Alot of our staff are [from other parts of the country or from other countries]. We've had a few issues with them not reading the labels [tray slips]."	F 325		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 431	On June 8, 2015 nursing staff was educated regarding state and federal regulation of labeling medications. (ex: eye medications). 6/25/2015 met with consulting pharmacist to ensure scripts are sent with proper labeling and meet current standards. Medication in question was disposed and new medication was reordered for resident. When medications are brought to facility from pharmacy, reconciliation and verification is completed prior to placing medication in cart. Education was provided again on June 18, 2015. Those staff not present are required to read and sign prior to working. Week of June 29, 2015, Director of Nursing or designee shall monitor medication carts on each unit for properly labeled eye drops. Monitor per this schedule and will be reported to the quality committee. 1 time per week x4 weeks Monthly x3 months Quarterly x4 months	6/26/2015

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F 431	Continued From page 5 In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainant, observation, and staff interview, the facility failed to ensure labeling of a medication in 1 of 4 medication carts (Prairie) observed. Failure to ensure all medications included a pharmacy label has the potential for the residents to receive unprescribed medication. Findings include: Information provided by the complainant indicated the facility failed to label eye drops that were given to a family member to administer to a resident when out of the facility. Observation on 06/04/15 at 9:02 a.m. showed a prednisolone acetate eye drop, lacked a medication label with the resident's name,	F 431		

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F 431	Continued From page 6 instructions for administration, and an expiration date. During an interview, at this time, a nurse (#3) was not able to determine who the eye drops belonged to. Failure to ensure labeling of eye drops may result in a medication error.	F 431		
F9999	FINAL OBSERVATIONS The complaint concerns regarding food allergies/intolerances and unlabeled medications were substantiated.	F9999		