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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355108	A. BUILDING _____ B. WING _____	10/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYHILL MANOR	110 HILLCREST DR ENDERLIN, ND 58027

(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 standard Medicare/Medicaid recertification survey started on October 15, 2012 and completed on October 18, 2012 the sample included three (3) residents for complete review, nine (9) residents for focused review, and one (1) closed record for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 274 SS=D	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.) This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to complete a Significant Change in Status Assessment (SCSA) for 1 of 1 sampled resident (Resident #7) who experienced a significant change (decline) in Activities of Daily Living (ADLs) and weight loss. Failure to conduct the SCSA limited the facility's ability to assess, care plan, implement	F 274	F-274: Maryhill Manor is committed to following regulations and guidelines in order to deliver high quality care to residents at all times. To that end, Maryhill Manor will do the following to enhance our MDS system: 1. A PT-OT referral was made on 10/18/12 and a bowel/bladder assessment was started. A significant change MDS was started after consulting with the ND Health Department's State RAI Coordinator, with an ~~A3a~~ A2300 date of 10/25/2012 and scheduled completion date of 11/1/2012. 2. Past MDS's are routinely reviewed when completing a new MDS to determine if a significant change has occurred. Nurses are also instructed to be aware of changes occurring with residents and to communicate those changes to the MDS nurse.	11-21-12 Por TC & DON 11-7-12 KS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Tomlan | TITLE: CEO/Administrator | (X6) DATE: 10/30/12

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 274	Continued From page 1 approaches, or make referrals regarding changes in Resident #7's status. Findings include: Review of Resident #7's medical record occurred on all days of survey. During an observation on 10/16/12 at 2:45 p.m., a certified nurse aide (CNA) (#2) applied a gait belt around Resident #7's waist and, while using a walker, assisted the resident into the bathroom and helped her to the toilet. The CNA instructed the resident to use the call light when she finished. After the call light sounded the CNA returned to assist Resident #7 with personal cares in the bathroom and assisted the resident back to the chair in her room. A quarterly Minimum Data Set (MDS), dated 09/20/12, indicated Resident #7 required extensive assistance of one person with the following ADL's: bed mobility, transfer, walk in room, dressing, toilet use, personal hygiene, and bathing. This MDS also indicated the resident experienced a weight loss not prescribed by a physician. A quarterly MDS, dated 08/28/12, identified Resident #7 as independent to limited assistance with the above ADLs and no weight loss. Review of Resident #7's care plan, prior to a revision done on 10/16/12, indicated the resident as independent with toileting and personal hygiene and assist of one with dressing. A progress note, dated 09/07/12, indicated due to worsened vision, Resident #7 needed more	F 274	*CONTINUED FROM PAGE 1* 3. a. A nurses' meeting is scheduled for 10/30/12. The definition of a significant change, examples, and the nurses' role in identifying these types of changes will be discussed at this meeting with all nurses. b. A meeting will be held with the consulting Dietitian, Dietary Manager, and Nursing Services Coordinator to discuss a system to communicate significant weight loss to the MDS nurses. 4. A Quality Assurance check will be completed by a nurse who has been trained in MDS's but does not complete them on a routine basis under the direction of the Nursing Services Coordinator monthly for the next three months, and quarterly for a minimum of one year. The QA check will include: a. A review of three residents who have had recent MDS's to determine if a significant change was needed based on a comparison of their most recent MDS with the one done previously. b. A chart review of two randomly selected residents who have not been scheduled for an MDS in that month to determine if their care needs have changed enough to trigger and MDS.	

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F 274	Continued From page 2 assistance in the bathroom, with clothing, and transfers. The record lacked evidence the staff completed a significant Change in Status Assessment (SCSA) for the resident's decline in ADL's. During an interview on 10/17/12 at 3:00 p.m., an administrative staff nurse (#1) agreed the facility should have completed a SCSA and updated Resident #7's care plan.	F 274		