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 _____	11/19/2020

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
E 000	Initial Comments A COVID-19 Emergency Preparedness Survey was completed by the Centers for Medicare and Medicaid Services (CMS) on 11/19/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024(b)(6).	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on 11/19/20. The facility was found to not be in compliance with 42 CFR 483.80 infection control regulations and will be cited at F886. The facility had 12 COVID-19 positive residents.	F 000		
F 886 SS=E	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;	F 886		12/7/20

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

Electronically Signed | 12/07/2020

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F 886	Continued From page 1 (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. §483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests; §483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. §483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19. §483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested. §483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or	F 886		

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F 886	Continued From page 2 processing test results. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to document required COVID-19 test documentation for 4 of 4 sampled residents (Resident #1, #2, #3, and #4). Failure to document COVID-19 testing and test results in each residents' medical record may lead to a lack of further required interventions and/or an incomplete medical record. Findings include: Review of resident medical records occurred on 11/19/20 and showed Resident #1, #2, #3, and #4 's records failed to contain documentation of COVID-19 testing completed and/or test results. During an interview on the afternoon of 11/19/20, an administrative staff member (#1) confirmed the resident medical records lacked documentation of COVID-19 testing completed and/or test results.	F 886	1. Corrective Action: It is the practice of the facility to document required COVID-19 testing documentation in the medical record. Since 11/19/2020, each instance of testing is documented via a progress note in each resident record. This note includes information that the test was offered (if appropriate to the resident's testing status), completed (if appropriate to the resident's testing status), and the results of each test. A copy of the test result is stored in the resident record. 2. Identify other residents: All residents have the potential to be affected by this deficient practice. 3. Measure put in place: Re-education provided to all administrative staff on 12/7/2020 and included proper Covid-19 documentation practices. 4. Monitoring: Quality audits will be conducted to ensure proper documentation and compliance. The audit will be conducted by the Director of Nursing and/or designee. This audit will be conducted weekly for four weeks, monthly for three months and continued auditing will be scheduled per discretion of the Quality Assurance Committee. Audits will be reviewed by the Quality Assurance Committee monthly to ensure continued compliance.	

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F 886	Continued From page 3	F 886	5. The facility will be in substantial compliance by December 7, 2020.	