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	R 12/04/2014

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

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{F 000}	INITIAL COMMENTS An on-site revisit was conducted November 03-04, 2014 to determine compliance with the deficiencies identified during the October 16, 2014 survey. The revisit sample included eight (8) residents for focused review of the areas of non-compliance. The tag numbers enclosed in { } denotes citations that remained not met as determined by the on-site revisit.	{F 000}		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and staff interview, the facility failed to follow professional standards of care related to the administration of suppositories by a certified nursing assistant (CNA) for 1 of 1 sampled resident (Resident #3) receiving suppositories. Failure to follow facility policy related to suppository administration has the potential for an untrained staff member to cause discomfort or harm to the resident. Findings include: Review of the facility policy titled "MEDICATION: ADMINISTRATION of RECTAL SUPPOSITORY" occurred on 12/04/14. This policy, dated November 2013, stated, "PURPOSE: 1. Administration of rectal suppository will be done in safe and professional manner. 2. Medications will be given according to the professional nursing	F 281	**F281** Maryhill Manor is committed to following all professional standards when providing care to our residents. 1. Nurses, medication aides, and certified nurse aides were notified through shift-to-shift report beginning on Dec. 5th that only nurses and medication aides can provide suppositories. 2. All residents have the potential to be affected by this practice. 3. The expectation that suppositories can only be given by nurses and medication aides was reviewed at meetings on Dec. 11th and Dec. 12th with nurses, medication aides, and certified nurse aides 4. A Quality Assurance check will be completed by the Nursing Services Coordinator a minimum of monthly for the next three months and a minimum of quarterly for the next year. The QA check will monitor the following: a. Check with nurse or CMA who signed off the suppository. Did she give the suppository on her own? b. Does the nurse or CMA understand that this task cannot be delegated to a Certified Nurse Aide (Resident Assistant)?	12/16/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy Tomlinson	CEO/Administrator	12/12/14

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 281	Continued From page 1 standards of practice. PROCEDURE PERFORMED BY: A LISCENSED [sic] NURSE OR TRAINED MEDICATION AIDE . . ." Observation on 12/04/14 at 10:25 a.m. showed a CNA (#1) provided incontinence cares for Resident #3 after a bowel movement. The CNA stated, "My prune idea is working," and she wouldn't need to give the resident a suppository today. When asked if she administers suppositories, the CNA (#1) stated the nurse informs her who needs one and gives it to her to administer. During an interview on 12/04/14 at 1:50 p.m., two licensed nurses (#4 and #5) stated the resident assistants (aka CNAs) are trained during the CNA classes on how to administer a suppository. During an interview on the afternoon of 12/04/14 and review of the CNA training manual, an administrative nurse (#6) agreed the training provided to the CNAs does not include administration of suppositories.	F 281		
{F 327} SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and facility policy review, the facility failed to offer fluids to 3 of 6 sampled residents (Resident #2, #3, and #5) dependent on staff for fluid needs. Failure to offer	{F 327}	**F-327** Maryhill Manor is committed to providing care that keeps a resident well hydrated. Fluids were given to the residents identified at meals, snacks and other times throughout the day. Maryhill will do the following to enhance our system of providing adequate fluids: Continued on next page	12-16-14

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{F 327}	Continued From page 2 fluids during cares increased the residents' risk of dehydration, constipation, and urinary tract infections (UTIs). Findings include: Review of the facility policy titled "FLUID INTAKE MONITORING" occurred on 11/03/14. This policy, dated November 2014, stated, "PURPOSE: Residents will be adequately hydrated . . . PROCEDURE: 1. Residents dependent on staff for assistance with hydration will be offered fluids with cares (this may include after toileting and/or once the resident has gone to the living area/lounge). . . ." - Review of Resident #3's medical record occurred on all days of survey. Diagnoses included dementia and constipation. Medications to aid in bowel elimination included Colace twice a day, bisacodyl tablets as needed (PRN), and a bisacodyl suppository PRN. Resident #3's current care plan stated, "Focus: I have constipation . . . Whole grain bread, prunes, prune juice . . . Focus: I have an ADL[activities of daily living] Self Care Performance Deficit r/t [related to] Stroke . . . EATING: I require, assistance at times with meals and am able to be independent at times . . ." Review of the PRN medication administration records [MARs] from November 20 to December 04, 2014 showed Resident #3 received either a bisacodyl suppository or bisacodyl oral tablets five times. Observation of cares occurred on 12/04/14 at 10:10 a.m. and 12:55 p.m. and showed a pitcher	{F 327}	Continued 1. Education was provided to nursing and C.N.A. staff immediately on the importance of offering fluids when providing care to residents #2, #3, and #5. Individual coaching and education was provided to staff members (C.N.A. #2 and C.N.A. #3) who were identified during the survey on their role in offering and encouraging fluids. The Nursing Service Coordinator and Dietary Manager reviewed the hydration status, fluid needs, and care plans for residents #2, #3, and #5. 2. All residents dependent on staff members for their hydration may be affected by this practice. 3. a. The expectation of providing fluids with cares was reviewed with all nurses, medication aides, and certified nurse aides at meetings on Dec. 11th and Dec. 12th. Role plays and demonstrations were included in the meeting. 4. A Quality Assurance check will be completed by staff members (including nurses, medication aides, and C.N.A.s) under the direction of the Nursing Services Coordinator a minimum of bi-weekly for the next four weeks, monthly for the next year. Coaching, education, and corrective action is provided with staff members as needed based on these observations. The QA check will monitor the following: a. Was the resident offered fluids before or after cares were provided in their room?	

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{F 327}	Continued From page 3 of water on a table and a glass up-side-down on the pitcher. The certified nursing assistant (CNA) (#1) failed to offer/assist Resident #3 with fluids during either observation. The facility failed to offer/assist Resident #3 with fluids during cares. This failure may have contributed to the frequent administration of medications to promote bowel elimination. - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included dementia, constipation, and dysphagia. The current care plan stated, ". . . Focus: I have occassional [sic] troubles with constipation. . . . Interventions: . . . Encourage fluids. . . . Focus: Alteration in nutrition and hydration. hx [history] weight loss, hx pressure areas, difficulty chewing, dementia, constipation . . . Interventions: Soft diet as tolerated. with thin liquids. Assist of 1 . . . Focus: I have an ADL Self Care Performance Deficit r/t Dementia . . . Interventions: . . . EATING: I need extensive assistance of 1 for the task of eating. . . ." Observation of cares occurred on 12/04/14 at 1:00 p.m. and showed a pitcher of water on a table and a glass up-side-down on the pitcher. The CNAs (#2 and #3) failed to offer/assist Resident #2 with fluids. - Observation of cares for Resident #5 occurred on 12/04/14 at 11:15 a.m. The CNAs (#2 and #3) failed to offer/assist the resident with fluids.	{F 327}		
{F 441} SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	{F 441}	**F-441** Maryhill Manor is committed to providing a safe, sanitary and comfortable environment to help prevent the development and transmission of disease or infection.	12/16/14

Continued on next page

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{F 441}	Continued From page 4 Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy,	{F 441}	Continued 1. Nursing staff was reminded of the importance of proper hand washing and glove usage through shift-to-shift report for a week beginning on 12/5/14. Individual coaching and education was provided to staff members identified during the survey (C.N.A. #1 and C.N.A. #3) regarding proper infection control procedures, including handwashing, gloving, and emptying of basins. 2. All residents have the potential to be affected by this practice. 3. Proper hand washing, glove usage, basin handling and disinfecting, and other infection control procedures were reviewed with all nurses, medication aides, and certified nurse aides on Dec. 11th and Dec. 12th. Role plays and demonstrations were included in the meeting. 4. A Quality Assurance check will be completed by staff members (including nurses, medication aides, and C.N.A.s) under the direction of the Nursing Services Coordinator a minimum of bi-weekly for the next two weeks, monthly for the next six months and a minimum of quarterly for the next year. C.N.A.'s #1 and #3 will be observed during QA checks and residents #3 and #7 will be included in these observations, as well. Coaching, education, and corrective action is provided with staff members as needed based on these observations. The QA check will include the following: Continued on next page	

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{F 441}	Continued From page 5 and staff interview, the facility failed to follow standard infection control practices for 2 of 5 sampled residents (Resident #3 and #7) observed during personal cares. Failure to follow infection control practices related to glove usage and disinfecting of surfaces has the potential to spread infection within the facility. Findings include: Review of the facility policy titled "INFECTION PREVENTION AND CONTROL PROGRAM" occurred on 12/04/14. This policy, revised 09/10, stated, ". . . Hand Hygiene . . . 6. Because ABHR [alcohol based hand rubs] do not kill spores, the following situations require washing hands with soap and water: . . . Before and after assisting a resident with toileting . . . 7. Except for situations where hand washing is specifically required, anti-microbial agents such as ABHR are also appropriate for cleaning hands and can be used for direct resident care: . . . Before and after assisting a resident with personal care . . . Glove Hygiene . . . Perform hand hygiene immediately after removal of gloves and before touching other medical supplies intended for use on other residents. . . ." Review of the facility policy titled "STANDARD OF CARE POLICY" occurred on 12/04/14. This policy, revised 11/10, stated, ". . . If peri-cares are performed in the bathroom sink or the sink is used for some reason and is contaminated, wear a glove to clean obvious soil with a germicidal wipe, then use another wipe to disinfect the sink surface. . . ." - Observation on 12/04/14 at 10:10 a.m. showed the certified nursing assistant (CNA) (#1) applied	{F 441}	Continued a. Were peri-cares done per policy (i.e. wash front to back)? b. Did the staff wash her/his hands per policy (i.e. after peri-cares completed and gloves removed)? c. Did staff pour basin water in the toilet and wipe out the basin with a disinfecting wipe?	

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{F 441}	Continued From page 6 gloves and provided pericares cares for Resident #3 after a bowel movement. After completion of pericares and without removing her gloves and performing hand hygiene, the CNA (#1) finished dressing Resident #3, pulled a walkie-talkie from her pocket and called for assistance, operated the bed control, opened a dresser drawer, applied a gait belt to the resident, and with the help of another CNA, assisted her into the bathroom. Only then did the CNA (#1) remove her soiled gloves and sanitize her hands. The CNA obtained the basin of water she had used to cleanse Resident #3 and poured it into the bathroom sink. The CNA (#1) failed to sanitize the sink after she poured the water from the basin into it. - Observation on 12/04/14 at 9:20 a.m. showed the CNA (#3) provided personal cares, including pericares, for Resident #7. After cares, the CNA (#3) poured the basin of water into the bathroom sink. The CNA failed to sanitize the sink after she poured the water from the basin into it. During an interview of the afternoon of 12/04/14, an administrative nurse (#6) stated facility staff are expected to pour the water from basins used to provide personal cares and pericares into the toilet.	{F 441}		