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 _____	12/02/2015

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 November 30, 2015 and completed on December 2, 2015, the sample included two (2) residents for complete review, nine (9) residents for focused review, and one (1) closed record for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 280 SS=D	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 observation, record review, and staff interview, the facility failed to complete an	F 280	1. The care plan was updated for Resident #7 on 12/2/15 and Resident #9	12/31/15

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

Electronically Signed | 12/14/2015

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F 280	Continued From page 1 assessment and develop a care plan to address focus areas, goals, and interventions for 2 of 11 sampled residents (Resident #7 and #9). Failure to assess residents' needs and ensure residents' care plans reflect their current needs limits the staff's ability to ensure continuity of care. Findings include: - Record review for Resident #7 occurred on all days of survey. Diagnoses included hemiplegia (paralysis of one side of body). Observation during the survey showed Resident #7 sitting in an electric wheelchair with a seat belt across his lower abdomen. Observation showed Resident #7 could independently open and close the seat belt. Resident #7's medical record lacked a seat belt assessment and the care plan failed to identify the use of the seat belt. During an interview on 12/02/15 at 8:10 a.m. an administrative nurse (#1) confirmed Resident #7 used the seat belt at all times in the wheelchair for positioning. This nurse confirmed the medical record lacked a seat belt assessment and the care plan failed to identify the use of the seat belt. - Review of Resident #9's medical record occurred on 12/02/15. Diagnoses included dementia. An entry in the progress notes, dated 11/17/15, stated: "Focus: cat; Observation: resident states cat jump [sic] on bed and she was petting her	F 280	on 12/4/15 by the Nursing Services Coordinator. A sign was also placed on resident #9's door that states, "Please keep cat out of room." 2. All residents have the potential to be affected by care planning processes. 3. a. A question will be added to the electric wheelchair assessment to assess the need and appropriateness of a wheelchair seatbelt and to trigger a care plan entry if a seatbelt is needed. b. A pet policy was developed to guide staff through the steps to take if a resident requests that pets not be in their room. 4. a. A QA of all electric wheelchair assessments will be conducted to ensure that any seatbelt use is appropriately identified in the care plan. This will be conducted once/month for three months and quarterly thereafter by the Nursing Services Coordinator or her designee. b. A QA of all pet incident reports will be conducted to ensure that any appropriate interventions were added to the care plan. This will be conducted once/month for three months and quarterly thereafter by the Nursing Services Coordinator or her designee.	

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F 280	Continued From page 2 and the cat turned and bit her R [right] 1st finger; Action: cat is not to go in that rm [room]. cleaned R 1st finger with NS [normal saline] and applied Neosporin [sic] [antibiotic topical, not specified, cream or ointment] and Bandaid; Response: resident states it doesn't hurt finger feels OK." The record lacked further follow-up including notification of the physician and a family member. Resident #9's care plan failed to identify the intervention of restricting the cat from going into the resident's room.	F 280		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an 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	F 441		12/31/15

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F 441	Continued From page 3 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, record review, policy review, review of a professional reference, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 1 of 1 sampled resident (Resident #7) who experienced an animal bite. Failure to develop, implement and track infection control practices regarding animal bites may result in failure to monitor potential risks for animal bites and scratches. Findings include: Review of the facility "INFECTION CONTROL DOCUMENTATION" policy occurred on 12/02/15. The policy, dated 09/2010, stated, "PURPOSE: 1. To assure that the facility is identifying, recording, and analyzing infections. . . ." Review of an Internet website occurred on 12/02/15. The website, http://wwwnc.cdc.gov/travel/yellowbook/2016/the-	F 441	1. The physician and family for resident #9 was notified on 12/4/15 and the area that the resident had identified as being affected by a cat bite was assessed with no areas of redness, broken skin, or infection identified. 2. All residents have the potential to be affected by pets in the facility. 3. a. A pet policy was put into place that includes instructions to fill out an incident report whenever there is a pet to resident interaction that results in an injury and notify the physician. Recommendations from the CDC for immediate treatment are also included. b. Education will be provided to nursing staff regarding the pet policy and procedures to follow when there is a pet related incident. 4. All pet incidents will be reviewed by the Administrator and Nursing Services Coordinator. A QA of all pet incident	

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F 441	Continued From page 4 pre-travel-consultation/animal-associated-hazards, stated, ". . . Animals, even those in close association with humans, such as dogs, can attack if they perceive threat, are protecting their young or territory, or are injured or ill. Although attacks by wild animals are more dramatic, attacks by domestic animals are far more common, and secondary infections of wounds may result in serious systemic disease. . . . Management: To prevent infection, all bite and scratch wounds should be promptly cleaned with soap and water, and the wound should be promptly debrided if necrotic tissue, dirt, or other foreign materials are present. Often times, a course of antibiotics is appropriate after dog or cat bites or scratches as these can lead to local or systemic infections. Wound care is especially important for tetanus- or rabies-prone wounds . . ." Observation during all days of survey showed the presence of a cat residing at the facility. Review of Resident #9's medical record occurred on 12/02/15. Diagnoses included dementia. An entry in the progress notes, dated 11/17/15, stated: "Focus: cat . . . bit her R [right] 1st finger . . . cleaned R 1st finger with NS [normal saline] and applied Neosporin [sic] [topical antibiotic] and Bandaid . . ." The record lacked evidence of further follow-up including monitoring for changes of the wound site and notification of the physician for possible additional treatment. During interview on 12/02/15 at noon, an administrative staff member (#1) stated she was unaware of the cat bite, no incident report was	F 441	reports will be conducted to ensure that the physician was notified and treatment carried out as directed. This QA will be done by the Nursing Services Coordinator or her designee monthly for three months and quarterly thereafter.	

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F 441	Continued From page 5 completed as she would have expected, and she had no knowledge of the cat biting any other residents. During interview on 12/02/15 at 3:20 p.m., an administrative staff member (#1) stated the facility lacked a pet policy.	F 441		