| 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 _____ | C 04/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SMP HEALTH - MARYHILL** | **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 |
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| F 000 | INITIAL COMMENTS<br><br>An unannounced onsite investigation survey regarding a complaint was completed on April 03, 2024. During the complaint investigation the facility was found non-compliant with regulatory requirements. | F 000 | | |
| F 836 SS=E | License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c)<br><br>§483.70(a) Licensure.<br>A facility must be licensed under applicable State and local law.<br><br>§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards.<br>The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.<br><br>§483.70(c) Relationship to Other HHS Regulations.<br>In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 | F 836 | | |

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

Electronically Signed | 04/22/2024

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| F 836 | Continued From page 1<br>CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to comply with the North Dakota Administrative Code (NDAC), Chapter 33-43-01-20 "Medication assistant I and II initial registration and renewal for 1 of 1 staff member (#4) administering medications to residents as a medication assistant (MA). Failure to ensure qualified staff administered medication increases the risk for adverse consequences.<br><br>Findings include:<br><br>NDAC, Section 33-43-01-20 "Individuals may not be employed as a medication assistant I or medication assistant II or hold themselves out to be a medication assistant I or medication assistant II unless the individual holds a registration as a medication assistant I or medication assistant II on the department's nurse aide registry. . . . Individuals with delegated responsibility for administration of medication to a client as a medication assistant II must hold a current status on the department's registry as a certified nurse aide . . . 3. Individuals may obtain initial medication assistant II registration by successfully completing a department-approved medication assistant II program. . . ."<br><br>Review of staff member #4's employee file occurred on 04/03/24 and lacked verification of a current North Dakota MA registry.<br><br>Review of facility schedules for the dates of | F 836 | Past noncompliance: no plan of correction required. | |

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| F 836 | Continued From page 2<br>October 29, 2023, to December 02, 2023, showed staff member (#4) scheduled as a MA on 17 shifts and for the dates of January 28, 2024, to February 24, 2024, for 12 shifts.<br><br>Review of facility electronic medication administration records (MAR) showed staff (#4) administered medications from July 2023, through February 2024 to residents.<br><br>During an interview on 04/03/24 at 4:45 p.m., an administrative staff member (#1) confirmed staff member (#4) administered medications and the facility failed to verify medication assistant registration.<br><br>Based on the following information, non-compliance at F836 is considered past non-compliance. The facility addressed the corrective action accomplished for the MAII and all facility residents affected by the deficient practice by:<br>* The facility pursued a Human Resources portal through their payroll company to ensure staff licensing/registration information tracked for license/registry verification/expiration. This process began on 02/05/24.<br>* On 02/23/24 the facility found staff member #4 lacked a current North Dakota MA registry. Facility management immediately removed staff member #4 from MAII duty.<br>* On 02/26/24 facility management revised the policy/procedure titled "License Verification." This policy, currently dated March 2024, stated, ". . . All personnel that require a license of certification shall be verified through the appropriate issuing agency upon employment and renewal thereafter during the term of employment." The policy | F 836 | | |

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| F 836 | Continued From page 3<br>outlined the process and responsibility for license verification effective 03/01/24.<br>* On 02/27/24 and 02/28/24 clinical staff education regarding License Verification policy/procedure.<br>* On 03/21/24 all staff education regarding License Verification policy/procedure.<br><br>The surveyor determined the facility discovered the deficient practice on 02/23/24. The facility implemented corrective action on 02/23/24 and completed clinical staff education on 02/27/24 and 02/28/24, and all staff education on 03/21/24. | F 836 | | |