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 11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - MARYHILL	**110 HILLCREST DR ENDERLIN, ND 58027**

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{F 000}	INITIAL COMMENTS For the standard Medicare/Medicaid survey an unannounced on-site revisit survey was conducted on 11/21/2023.	{F 000}		
{F 689} SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to utilize assistive devices necessary to prevent accidents and/or injury for 1 of 2 sampled residents (Resident #3) observed during gait belt transfers, and 1 of 1 sampled resident (Resident #8) observed during repositioning in bed. Failure to use a gait belt and other assistive devices during transfers and repositioning places the resident at risk of accidents/injuries. Findings include: GAIT BELT Review of the policy titled "Use of Gait Belt" occurred on 11/21/23. This policy, dated May 2023, stated, "It is the policy of this facility to use gait belts with residents that require hands on extensive assist to ambulate or transfer for the purpose of safety. . . ."	{F 689}	1. Corrective Action: On Nov 21st, communication was provided via our staff communication system (when to work) and by the charge nurse prior to each shift to capture all working staff on proper gait belt use. On Nov 22nd, the director of nursing completed re-education/competencies for CNA (#1 & #3). i. Competency for transfers using gait belt (Skill Checkoff Sheet #22). ii. Competency for peri-care (Skill Checkoff Sheet #21) related to repositioning from side to side in bed. 2. Identify other Residents: All residents requiring assistance with transfers & repositioning have the potential to be affected by this practice.	12/8/23

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

Electronically Signed | 12/07/2023

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{F 689}	Continued From page 1 Observation on 11/21/23 at 12:09 p.m., showed a certified nurse aide (CNA) (#1) transferred Resident #3 from a standing position to the toilet seat using both hands on the resident's buttocks to direct the resident onto the toilet. The CNA (#1) completed perineal cares and while holding onto the waist band of the resident's pants assisted the resident to stand and transfer to the wheelchair. During the transfer the CNA (#1) failed to use the gait belt that was around the resident's waist. During an interview on 11/21/23 at 3:30 p.m., an administrative nurse (#2) confirmed she expected staff to use a gait belt with transfers. REPOSITIONING Observation on 11/21/23 at 10:42 a.m., showed two CNA (#1 and #3) transfer Resident #8 from the wheelchair onto the bed using a full body lift. While repositioning the resident from side-to-side multiple times, CNA (#1) held the resident's left wrist as the CNA pulled the resident on to their side, upon the third side-to-side roll, the resident stated, "ouch, don't tear my arm off." The CNA (#1) continued to pull the resident's left wrist one more time to adjust the sling under the resident, before getting the resident back up with the full body lift transferring the resident into the wheelchair. During an interview on 11/21/23 at 3:10 p.m., an administrative nurse (#2) confirmed she expected staff to use assistive devices.	{F 689}	3. Measures put in Place: An in-service education program was conducted by the Director of Nursing Services with all licensed staff (nurses, medication aides, and CNAs) on Friday, December 8th, 2023. This included a review of the gait belt policy and a demonstration of different scenarios a clinical staff member could potentially encounter to ensure an understanding of proper gait belt use and the importance of safe repositioning a resident from side to side. 4. Monitoring: The nursing department updated the audit tool to include bed repositioning and will review staff completing gait belt transfers & repositioning techniques on 5 random certified/nursing staff weekly for two weeks, biweekly for two weeks, monthly for 2 months and as determined by the Quality Assurance program thereafter. All audits will be submitted to DON and presented to the Quality Assurance program to ensure compliance. 5. Compliance Date: 12/8/2023	
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	{F 880}		12/8/23

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{F 880}	Continued From page 2 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	{F 880}		

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{F 880}	Continued From page 3 (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to follow standards of infection control for 1 of 4 sampled residents (Residents #8) observed during toileting cares. Failure to follow infection control standards has the potential for transmission/causing of infections to residents.	{F 880}	1. Corrective Action: On Nov 21st, education was sent out via our messaging system (when to work) and by the charge nurse prior to each shift to capture all working staff on infection control practices related to peri cares and hand hygiene. On Nov 22nd, the director of nursing completed re-education/competency for	

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{F 880}	Continued From page 4 Findings include: The facility failed to provide a policy on toileting cares. Review of Resident #8's medical record occurred on all days of survey. The care plan stated, ". . . Hx [history] of UTI's [urinary tract infections] . . . I am incontinent of bowel and bladder . . . Monitor/document for s/sx [signs/symptoms] UTI . . ." During an observation on 11/21/23 at 10:42 a.m., a certified nurse aide (CNA) (#1 and #3) assisted Resident #8 to the bathroom. The resident was incontinent of urine. While performing perineal [area between the anus and vulva] cares, CNA (#1) wiped the resident's perineum from the back to the front, three times. The CNA failed to provide proper perineal cares to prevent risk of infection to the resident. During an interview on 11/21/23 at 3:10 p.m., an administrative staff nurse (#2) stated she expected staff to use proper infection control practices when providing perineal cares.	{F 880}	CNA (#1 & #3). i. Competency for peri-care (Skill Checkoff Sheet #21) specifically focusing on proper cleaning of genital area from front to back. 2. Identify other Residents: All residents have the potential to be affected by this practice. 3. Measures put in Place: An in-service education program was conducted by the director of nursing with all licensed staff (nurses, medication aides, and CNAs) on Friday, December 8th, 2023. This included a review of the toileting/peri care policy and a demonstration of different scenarios a clinical staff member could potentially encounter when providing care. Plus, additional hand hygiene education when performing peri-cares. 4. Monitoring: The nursing department will review 5 random staff completing peri care practices weekly for two weeks, biweekly for two weeks, monthly for 2 months and as determined by the Quality Assurance program thereafter. All audits will be submitted to DON and presented to the Quality Assurance program to ensure compliance. 5. Compliance Date: 12/8/2023	