STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355123	A. BUILDING _____ B. WING _____	C 01/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY ON 42ND	**4255 30TH AVE S FARGO, ND 58104**

(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 The Standard Medicare/Medicaid recertification survey started on 01/22/19 and concluded 01/24/19. In addition, an unannounced onsite complaint survey was completed during the same time period.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure accurate	F 761	1. For Resident #96 a “refer to EMAR for dose or direction change” sticker was	2/26/19

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

Electronically Signed | 02/19/2019

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F 761	Continued From page 1 labeling of medications for 1 of 10 residents (Resident #96) observed during medication pass. Failure to relabel an insulin pen following an order change may result in Resident #96 receiving too much/little insulin and/or having a negative reaction. Findings include: Review of Resident #96's medical record occurred on 01/24/19. The current physician orders included an order, dated 12/20/18, for a NovoLog FlexPen: inject 4 units subcutaneous one time a day. Observation on 01/24/19 at 8:50 a.m. showed Resident #96's NovoLog Flex Pen with a label that read "4 units three times per day." When asked if the NovoLog label was correct, the nurse (#1) responded, "Yes, he gets that in the a.m., noon, and evening." When asked how staff are informed of an order change, he pointed to a print out with hand written notes and stated, "You come in early to go thru the MAR [medication administration record]. We also receive a clinical alert listing report that is prepared by the night shift of changes, and we are notified at report." During an interview on 01/24/19 at 9:00 a.m., when asked how medication labels are updated following an order change, a pharmacist (#2) stated, "Nursing can bring [the insulin pen] down and we will relabel the pen. The nurses know they can bring the medication to us for relabel and they should [do so.]" The NovoLog Pen failed to contain a label reflecting the correct dosage or a sticker	F 761	applied to the Novolog label and to the labels of the Novolog pens in supply. 2. Residents with a dose or direction change for medications have the potential to be affected. 3. The following measures were put into place to ensure this practice does not recur: a. The Medication Administration—General Guidelines policy was revised. b. Education to Nurses and CMA II's was provided via email and additionally at shift change to be completed by February 26th, 2019. c. Orientation binders for nurses and CMA II's have been modified to reflect these updates. d.Future education will also be provided to Nurses and CMA II's attending our Skills Fair on April 25th, 2019 and October 9th, 2019. 4. Starting on 2/26/19 Quality Audits of resident order and/or dose changes will be conducted by the Nurse Manager Team. The Team will conduct 4 audits/week for 4weeks and then 4 audits/month for 3 months and then quarterly until 12/31/19. The Quality Department will continue audits thereafter and report 1x year at our monthly Quality Meeting.	

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F 761	Continued From page 2 "referring staff to the eMAR [electronic medication administration record]/order [regarding the] dosage change."	F 761		