STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355127	A. BUILDING _____ B. WING _____	C 03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE FARGO	**3225 51ST ST 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 and complaint survey started on 03/22/21 and concluded 03/25/21.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide care and services for the provision of hemodialysis consistent with professional standards of practice for 1 of 1 sampled resident (Resident #56) receiving hemodialysis. Failure to assess and monitor the resident's Arterio-venous (AV) fistula daily may result in bleeding, loss of access site, or other complications. Findings include: Review of the facility policy titled "Hemodialysis Access Sites" occurred on 03/24/21. This policy, revised September 2019, stated, ". . . AV fistula should be monitored for thrill [feel the vibration] and bruit [hear the swishing] daily . . . Arm (with the fistula present) assessment should include CMS [circulation, motion, and sensation] of the limb distal to the fistula specifically checking for mottling, coolness, and decreased sensation or tingling. Fistula site should be monitored for pain, redness, drainage, excessive warmth, or swelling	F 698	1.) On 3/23/21 Resident #56 AV fistula was and will be assessed and monitored for thrill and bruit daily. Arm (with fistula present) assessment was (3/23/21) and will be completed daily and include CMS of the limb distal to the fistula specifically checking for mottling, coolness and decreased sensation or tingling. Fistula site is being monitored for pain, redness, drainage, excessive warmth and swelling. 2.) All residents that are receiving dialysis have the potential to be affected. 3.) All licensed nurses have received training on facility hemodialysis access sites policy 4/14/2021. 4.) The DON and or designee will be responsible to monitor compliance with the hemodialysis access sites policy. QA monitoring was implemented on 4/14/2021. The DON or designee will monitor daily for a month, weekly for 3 months, and quarterly audits per QA	4/29/21

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

Electronically Signed | 04/14/2021

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F 698	Continued From page 1 . . ." Review of Resident #56's medical record occurred on all days of survey. Diagnoses included end stage renal disease. Record review identified Resident #56 received dialysis three days per week via a left AV fistula. Resident #56's medical record failed to show staff monitored the resident's AV fistula daily. During an interview on the morning of 03/24/21 an administrative nurse (#2) confirmed staff failed to monitor and assess Resident #56's AV fistula daily.	F 698	committee recommendations. Results will be immediately reported to the Executive Director. If concerns are identified immediate corrective action will be implemented. The DON or designee will submit a report of the monitoring results to the QA committee at each scheduled meeting. 5.) Date of Correction: April 29th, 2021.	
F9999	FINAL OBSERVATIONS Based on record review, staff interview, and resident and family interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	F9999		