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 _____	06/13/2019

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 survey started on 06/10/19 and concluded 06/13/19.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.16), and staff interview, the facility failed to ensure the Minimum Data Set (MDS) reflected residents' status for 2 of 20 sampled residents (Resident #40 and #74). Failure to accurately complete Section E (Behaviors) and Section K (Nutrition) does not allow each resident's assessment to reflect their current status/needs, and may result in the development of an inaccurate care plan. Findings include: SECTION E: BEHAVIORS The Long-Term Care Facility RAI Manual, revised October 2018, page E-18, stated, ". . . E0900: Wandering-Presence & Frequency . . . Wandering is the act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction. Wandering may or may not be aimless. The wandering resident may be oblivious to his or her physical or safety needs. The resident may	F 641	1.) Residents #40, and #74 MDS Assessments were modified to reflect the correct assessments. MDS sections E0900 and K0300 have been audited for accuracy. 2.) All residents have the potential to be affected for K0300, and residents who have been coded that wandering behavior occurred in section E0900 have the potential to be affected. 3.) All staff who complete the MDS Assessments will be educated on proper coding of the MDS prior to July 16, 2019. 4.) The Director of Nursing or designee will be responsible to monitor the MDS Assessment Process to accurately reflect the condition of the resident. QA Monitoring was implemented on 6/19/2019. The DON or designee will monitor MDS sections E0900 and K0300 weekly for a month, monthly for three months and random audits as needed per QA committee recommendations. Results will be immediately reported to the Executive Director. If concerns are identified, immediate corrective action will	7/16/19

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

Electronically Signed | 06/21/2019

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F 641	Continued From page 1 have a purpose such as searching to find something, but he or she persists without knowing the exact direction or location of the object, person or place. The behavior may or may not be driven by confused thoughts or delusional ideas (e.g., when a resident believes she must find her mother, who staff know is deceased). . . . Traveling via a planned course to another specific place (such as going to the dining room to eat a meal or to an activity) is not considered wandering. . . ." Review of Resident #40's medical record occurred on June 12-13, 2019. Diagnoses included dementia. The resident's quarterly MDS, dated 04/30/19, Section E, identified wandering which occurred on 4-6 days. The medical record lacked adequate documentation of wandering behavior occurring on 4-6 days during the seven-day look back period. SECTION K: NUTRITION The Long-Term Care Facility RAI Manual, revised October 2018, page K-5 and K-6, stated, ". . . K 0300 . . . Code 2, yes, not on a physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician. . . ." Review of Resident #74's medical record occurred on June 12-13, 2019. Diagnoses included dementia. Review of weights showed Resident #74 weighed 148.4 pounds (lbs) on 04/16/19 and 135.4 lbs on 05/07/19, which is an 8.76% weight loss in 30 days.	F 641	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: July 16th, 2019.	

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F 641	Continued From page 2 A progress note dated 5/9/2019 at 11:19 a.m., stated ". . . has had significant wt [weight] loss >5% [more than five percent] in one month, current wt: 135.4# [pounds], 30d [days]: 148.4#, 90d: 173#. . . ." The resident's significant change MDS, dated 05/07/19, Section K, identified no significant weight loss in section K. During an interview on 06/12/19 at 3:25 p.m., a facility nurse (#1) agreed staff should have coded section K for weight loss.	F 641		