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 _____	08/28/2024

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 08/26/24 and concluded 08/28/24.	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 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 2 of 20 sampled residents (Resident #58 and #85). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION N: MEDICATIONS The Long-Term Care Facility RAI User's Manual, revised October 2023, pages N-6 to N-8 stated, ". . . N0415: High-Risk Drug Classes: Use and Indication . . . Coding Instructions . . . N0415G1. Diuretic: Check if a diuretic medication was taken by the resident at any time during the 7-day look-back period . . . N0415I1. Antiplatelet: Check if an antiplatelet medication (e.g., aspirin . . .) was taken by the resident at any time during	F 641	F-0641 Accuracy of Assessments 1.) Resident #58 MDS for section N0415-I was reviewed and modified to reflect accurate use of antiplatelet. Resident #85 MDS for section N0415-G was reviewed and modified to reflect accurate use of diuretic. All residents have had sections N0415-G (Diuretics) and N0415-I (Antiplatelet) of their MDS audited and modified if needed for accuracy. 2.) All residents have the potential to be affected. 3.) Education has been provided to the MDS Coordinator by DON regarding accurate coding of the MDS utilizing the RAI Manual as of September 9th, 2024. 4.) The DON or designee will monitor MDS sections N0415-I and N0415-G weekly for a month, monthly for three months, and quarterly as needed per QA 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	9/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/10/2024

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F 641	Continued From page 1 the 7-day observation period . . ." - Review of Resident #58's medical record occurred on all days of survey. A physician's order, dated 05/30/24, stated "Aspirin Oral Capsule 81 MG [milligram] . . . give 81 mg by mouth one time a day . . ." The quarterly MDS, dated 08/07/24, showed staff failed to identify Resident #58 received an antiplatelet medication. - Review of Resident #85's medical record occurred on all days of survey. The quarterly MDS, dated 08/06/24, showed N0415G1 coded as the resident received a diuretic medication within the 7-day look back period. The resident's medical record lacked documentation Resident #85 received a diuretic during the look back period. During an interview on 08/28/24 at 2:07 p.m., an administrative staff member (#1) agreed staff failed to code the MDS correctly for Resident #58 and #85.	F 641	submit a report of the monitoring results to the QA Committee at each scheduled meeting. 5.) Date of Correction: September 19th, 2024	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, review of profession reference, and staff interview, the facility failed to follow professional standards of practice for 2 of 2 sampled residents (#28 and #51) and 1 supplemental resident (#47)	F 658	F-0658 Services Provided Meet Professional Standards 1.) Insulin pens for Residents #28, #51, and #47 will be prepared for administration according to facility policy	9/19/24

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F 658	Continued From page 2 observed for insulin preparations and administrations. Failure to clean the end of the insulin pens prior to placing on a new needle, and failure to prime the insulin pens correctly may result in infections and/or the residents receiving an inaccurate dose of insulin. Findings include: Review of professional reference, "How to Use an Insulin Pen" found at https://www.learningabout diabetes, stated, ". . . take the cover off the pen. . . . use alcohol to clean the end of the pen where the needle twist on . . . peel back the cover on the needle. Screw the needle onto the pen. . . ." Review of the facility policy "Insulin-Subcutaneous" occurred on 08/29/24. This policy, revised May 2022, stated, ". . . Prime the insulin pen by turning the dosage knob to the 2 units indicator. With the pen pointing upward, push the knob all the way. At least one drop of insulin should appear. . ." Observation on 08/26/24 at 5:00 p.m. showed a nurse (#2) prepared Resident #28's Humalog insulin pen for administration. The nurse (#2) removed the cap from the insulin pen and without cleaning the end of the pen with alcohol, applied a new needle. Observation on 08/26/24 at 5:15 p.m. showed a nurse (#2) prepared Resident #51's Aspart insulin pen for administration. The nurse (#2) removed the cap from the insulin pen and without cleaning the end of the pen with alcohol, applied a new needle.	F 658	Insulin-Subcutaneous, including cleaning the end of the pen with alcohol prior to attaching the needle and priming the pen vertically. 2.) All residents receiving insulin via insulin pens have the potential to be affected. 3.) Education will be provided to all licensed nurses on facility policy Insulin-Subcutaneous regarding proper insulin preparation and administration; specifically cleaning the insulin pen prior to placing a new needle and appropriate priming of an insulin pen on September 13th, 2024. 4.) The DON or designee will monitor weekly for a month, monthly for three months, and quarterly as needed per QA 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: September 19th, 2024	

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F 658	Continued From page 3 Observation on 08/27/24 at 8:00 a.m. showed a nurse (#3) prepared Resident #47's Novolog and Levemir insulin pens for administration. The nurse (#3) removed the caps from the insulin pens and without cleaning the end of the pens with alcohol, applied new needles. The nurse (#3) dialed each insulin pen to 2 units and primed both with the pens in a horizontal position. During an interview on 08/28/24 at 10:08 a.m., an administrative nurse (#4) stated she expected staff to clean the end of the insulin pen with alcohol prior to placement of a new needle and to prime insulin pens vertical as per policy.	F 658		
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply	F 849		9/19/24

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F 849	Continued From page 4 to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care	F 849		

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F 849	Continued From page 5 provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible	F 849		

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F 849	Continued From page 6 for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system.	F 849		

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F 849	Continued From page 7 (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is not met as evidenced by: Based on record review, review of the hospice contract, and staff interview, the facility failed to ensure residents' records contained the hospice election form, most recent hospice plan of care, and/or certification of terminal illness for 2 of 5 sampled residents (Resident #4 and #83) receiving hospice services. Failure to obtain these documents limits staff's ability to ensure coordination of care between the facility and the hospice. Findings include: The hospice contract for (hospice agency name), signed 01/30/20, stated, ". . . The designated interdisciplinary team member is responsible for . . . obtaining the following information from Hospice: (A) the most recent Hospice plan of	F 849	F-0849 Hospice Services 1.) Resident #4 Hospice Election Form and Certification of Terminal Illness forms were obtained and scanned into chart. Resident #83 Hospice Election Form, most recent plan of care, and Certification of Terminal Illness were obtained and scanned into the chart. Medical records for all residents on Hospice services have been audited and updated if needed to ensure required information regarding the Hospice Certifications of Terminal Illness, Election Statements, and current plan of care is obtained in each resident□s medical record. 2.) All residents receiving Hospice Services have the potential to be affected. 3.) Licensed Social Workers and	

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F 849	Continued From page 8 care specific to each resident; (B) Hospice election form; (C) physician certification and recertification of the terminal illness specific to each resident . . ." - Review of Resident #4's medical record occurred on all days of survey. A nurse's note, dated 05/31/24, stated, ". . . Resident plans to remain in LTC [long-term care] with [name of organization] hospice services. [Resident's daughter] signed all necessary documents and writer answered all questions. . . ." Resident #4's medical record failed to contain the hospice election form and certification of terminal illness. Resident #4 elected hospice services on 03/13/24 (prior to admission). - Review of Resident #83's medical record occurred on all days of survey. A nurse's note, dated 07/25/24, stated, ". . . [Resident #83] is [name of hospice] for CHF [congestive heart failure] and HTN [hypertension] . . ." Resident #83's medical record failed to contain the hospice election form, plan of care, and certification of terminal illness. Resident #83 elected hospice services on 04/12/24 (prior to admission). During an interview on the afternoon of 08/28/24, an administrative nurse (#1) confirmed Resident #4 and #83's medical records lacked all required hospice information.	F 849	designees have received education on required information to be obtained in each resident□s medical record as outlined in the Hospice agreements for residents receiving Hospice Services on September 6th, 2024. 4.) The DON or designee will monitor weekly for a month, monthly for three months, and quarterly audits as needed per QA 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: September 19th, 2024	