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 _____	08/31/2023

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 08/28/23 and concluded 08/31/23.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to provide treatment and care in accordance with professional standards for 1 of 1 sampled resident (Resident #38) observed to have an unprescribed over-the-counter medication on the bedside table. Failure to identify all medication may result in adverse health effects for the resident. Findings include: Review of Resident #38's medical record occurred on all days of survey. Diagnosis included hypomagnesemia (an electrolyte disturbance caused by a low magnesium level in the blood). The residents current care plan stated, ". . . [Resident] has diagnosis of osteoporosis. She also has noted other vitamin deficiencies (Vitamin B, Magnesium, Vitamin D). .	F 684	1.) Resident #38 was assessed and provider was notified. Education was provided to resident #38 and the unprescribed over-the-counter medication is no longer at bedside. 2.) All residents have the potential to be affected. 3.) All nursing staff will be provided education on the requirements for identifying medications prior to September 24th, 2023. 4.) The Director of Nursing or designee will be responsible to monitor compliance with medication use. QA Monitoring was implemented on 9/15/23. The DON or designee will monitor 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	9/24/23

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

Electronically Signed | 09/21/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From page 1 . ." Review of physician's orders stated Magnesium Oxide Oral Tablet 400 milligrams (mg) by mouth two times a day for hypomagnesemia. Observation and interview on 08/29/23 at 11:07 a.m., showed a bottle of Magnesium Phosphate 30X for "pain and muscle cramps" on resident's bedside table. Resident (#38) stated, "It's all natural" and "I take it once in a while when I get a cramp." Resident #38 stated he/she does not notify staff when taking the Magnesium from personal supply. The medical record failed to identify the additional magnesium supplement observed in the resident's room and lacked a physician's order. During an interview on 08/30/23 at 3:05 p.m. an administrative staff (#1) stated Resident #38 does not have an order for this medication and was unaware the resident had it.	F 684	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 24th, 2023	
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:	F 695		9/24/23

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EVENTIDE FARGO	**3225 51ST ST S FARGO, ND 58104**

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F 695	Continued From page 2 Based on observation, record review, review of facility policy, and staff interviews, the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 3 sampled residents (Residents #48) receiving oxygen by nasal cannula. Failure to administer oxygen according to the physician's order may result in complications and compromise the residents' respiratory status. Findings include: Review of the facility policy titled "Oxygen Use and Storage" occurred on 08/31/23. This policy, dated July 2023, stated, "Oxygen will be administered per practitioner orders . . ." Review of Resident #48's medical record occurred on all days of survey and identified a physician's order, dated 05/02/23, "Oxygen at 2 liters/minute per nasal cannula as needed for dyspnea [shortness of breath]." The treatment administration record failed to show Resident #48 receiving oxygen. Observation on 08/29/23 at 10:10 a.m. and 08/30/23 at 1:40 p.m. showed Resident #48 receiving oxygen at three liters/minute per nasal cannula. During an interview on 08/30/23 at 1:40 p.m. an administrative nurse (#3) verified Resident #48's oxygen at three liters per nasal cannula. During an interview on 08/31/23 at 9:45 a.m. two administrative nurses (#1 and #2) confirmed Resident #48's did not have an order for oxygen at three liters/minute and the treatment	F 695	1.) Resident #48 was reassessed for oxygen use, and nursing consulted with provider to obtain appropriate order. 2.) All residents utilizing oxygen have the potential to be affected. 3.) All nursing staff will be provided education on oxygen use and storage policy prior to September 24th, 2023. 4.) The Director of Nursing or designee will be responsible to monitor compliance with oxygen use and storage policy. QA Monitoring was implemented on 9/15/23. The DON or designee will monitor 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 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 24th, 2023	

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F 695	Continued From page 3 administration record failed to identify Resident #48 receiving oxygen.	F 695		