STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING _____ B. WING _____	C 07/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES	1315 S UNIVERSITY DR FARGO, ND 58103

(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) COMPLETIO DATE
F 000	INITIAL COMMENTS For the complaint investigation, conducted July 8-9, 2013, the sample included (3) three current residents for review and (2) two closed records for review.	F 000		
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of professional reference, and staff interviews, the facility failed to provide the necessary care and services for 3 of 3 sampled residents (Resident #1, #2, and #3) and 2 of 2 closed record residents (Resident #4 and #5) who utilized a CPAP [Continuous Positive Airway Pressure] machine. Failure to appropriately and consistently utilize a CPAP machine has the potential to place residents at risk of serious adverse events and may have placed Resident #4 at risk of pulmonary hypertension and contributed to her cardiac arrest. Findings include: Review of the facility policy titled "BiPAP/CPAP" occurred on 07/09/13. This policy, dated December 2009, stated, "Procedure: 1. Verify	F 309	**F-309: PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING** It is the facilities intent to provide the residents the necessary care and services for those who may benefit from the use of a CPAP (Continuous Positive Airway Pressure) machine through consistent and appropriate utilization. Resident's #'s 3, 4, and 5 have been discharged from the facility and their records closed. Resident # 2 has had a physician's order for the use of a CPAP machine and its settings added to his/her MR (medical record). The resident's TAR has been updated to reflect the physician's order. The MDS and Care Plan have been updated to reflect these changes and added to his/her MR. Resident # 1 has had a physician's order for the use of a CPAP machine and its settings added to his/her MR. The MDS has been updated to reflect this change and added to his/her MR.	8/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Admin. — (X6) DATE: 8/13/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 physician's order for pressure . . . 11. Monitor patient throughout the night for any adverse reactions . . . SUGGESTED DOCUMENTATION: . . . Document in progress notes; patient comfort, response and settings. . . ." Berman, Snyder, Kozier, Erb, "Fundamentals of Nursing, Concepts, Process, and Practice," 9th edition, Pearson Education, Inc., New Jersey, pages 1191 and 1399, stated,"Sleep apnea is characterized by frequent short breathing pauses during sleep. . . . Symptoms suggestive of sleep apnea include loud snoring, frequent nocturnal awakenings, excessive daytime sleepiness, difficulties falling asleep at night, morning headaches . . . prolonged sleep apnea can cause a sharp rise in blood pressure and may lead to cardiac arrest. Over time, apneic episodes can cause cardiac arrhythmias, pulmonary hypertension, and subsequent left-sided heart failure. . . . In certain circumstances clients require mechanical assistance to maintain adequate breathing. This assistance may be accomplished by the use of noninvasive ventilation, delivery of air or oxygen under pressure . . . Conditions requiring noninvasive ventilation include . . . sleep apnea. . . . The nurse's primary role in caring for clients using CPAP . . . devices is to ensure optimal functioning and use of the delivery by the client as ordered by the primary care provider." - Review of Resident #4's medical record occurred on all days of survey. Diagnoses included Marfan syndrome [a genetic disorder affecting the cardiovascular and pulmonary systems], pelvic fracture treated with bed rest, sleep apnea, and hypertension. An	F 309	Current residents with CPAP usage have the potential to be affected. Residents who are currently utilizing CPAP machines have had their MR's, including physician's orders, TARs, Care Plans, MDSs, and progress notes reviewed and updated where necessary for compliance. LNs and CNAs staff was educated on the facility Policy and Procedure for the utilization of CPAP machines and on reporting and documentation of behaviors on 7/24/2013. The ADNS/Designee will audit the MR's of residents currently utilizing CPAP machines for compliance three times per week then monthly for six months to ensure the facility provides the necessary care and services required. The ADNS/Designee will audit residents with new orders for the utilization of CPAP machines for compliance when received. The results of the audits will be presented to the QA & A committee monthly or as needed for further review and recommendations when necessary.	

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	355024	A. BUILDING _____ B. WING _____	C 07/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES	1316 S UNIVERSITY DR FARGO, ND 58103

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F 309	Continued From page 2 admission Minimum Data Set (MDS), dated 12/19/12, identified intact cognition, extensive assistance from staff for bed mobility, transfers, and dressing, supervision during personal hygiene tasks, and identified the resident utilized a CPAP machine. The "Hospital History and Physical" report, dated 11/20/12, and the "Hospital Discharge Summary," dated 12/13/12, both identified, "sleep apnea, on CPAP." The nurse practitioner's (NP) progress note, dated 12/14/12, stated, ". . . Diagnosis sleep apnea, Status controlled, Plan CPAP . . ." The progress notes identified the following: * 12/18/12 at 8:15 a.m., ". . . Pt is physically limited at this time as she is on strict bedrest. . . ," * 12/19/12 at 7:25 a.m., ". . . Pt hard to arouse during the NOC [night] and wears CPAP for sleep. . . ." * 01/30/13 at 3:01 a.m., ". . . Currently resting with eyes closed and even respirations with CPAP on as ordered. . . ." The progress notes further identified the following: * 02/20/13 at 7:37 a.m., ". . . CPAP worn during the NOC." * 02/23/13 at 7:37 a.m., "Pt. awake during the noc and c/o [complains of] chest tightness and SOB [shortness of breath]. PRN [as needed] inhaler administered with no relief after 10 min. [minutes] . . . Nitro [Nitrostat 0.4 milligram tablet as needed for chest pain] administered sub lingual, and pt. states relief 5-10 min after nitro administration. . ." * 02/24/13 at 5:06 a.m., "Pt rested through NOC	F 309		

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F 309	Continued From page 3 with eyes closed and even respirations. . . . Pt wears CPAP during the NOC as ordered. . . ." * 02/25/13 at 3:07 a.m., ". . . Pt CPAP on as ordered." * 02/26/13 at 11:00 a.m., "Pt requested PRN oxy [Oxycodone HCL 10 milligram tablet as needed for pain] at 9:00 a.m. for lower back pain. At 9:35 a.m., pt asked CNA [certified nurse assistant] for inhaler and [the] nurse writer gave pt rescue inhaler at 9:35 a.m. Pt states to nurse, 'I can't breathe and I have terrible chest pain.' Pt was grabbing onto her chest. Pt appeared to be having increased anxiety as well. Pt's HOB [head of bed] was at semi-fowler's position and pt did not appear cyanotic [bluish discoloration of the skin due to a lack of oxygen in the blood]. This writer immediately applied 02 [oxygen] via N/C [nasal canula] 2 L [liters]. Nurse went and got vitals machine and nitroglycerin tabs [tablets] . . . pulse was 55 then would jump to 127 and then decrease to 80's then back up again to 130's. NP gave verbal order to call 911" [and transport Resident #4 to the hospital.] * 02/26/13 at 2:39 p.m., "Pt returned from hosp at 2:15 p.m. Orders are to keep same meds [medications]. . . ." The report from the emergency center, dated 02/26/13, stated, ". . . the chest pain which brought you to the ED [Emergency Department] does not appear to be from a heart attack . . . however, return to the emergency department for recheck and further evaluation if you have any worsening symptoms, such as increasing chest pain or pressure, weakness, nausea, shortness of breath, sweating or lightheadedness . . ." Progress notes identified the following:	F 309		

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F 309	Continued From page 4 * 03/11/13 at 1:14 a.m., "Pt refused to wear CPAP tonight . . ." (This is the only notation in the record of the resident refusing any cares.) * 04/14/13 at 6:45 a.m., "Pt rested well during the night. Does use cpap during the night. . . ." * 04/19/13 at 6:40 a.m., ". . . Does use cpap part of the night. . . ." * 04/27/13 at 9:00 a.m., "At 7:45 a.m., staff had checked on patient and patient was resting quietly. At 8:15 a.m., CNA called nurse (this writer) to patient's room. Patient did not respond to verbal or physical stimuli. Patient's lips light in color. Skin is cool and clammy. oxygen applied at 3 liters per nasal cannula. Nurse went to call 911 while CNA hooked up blood pressure machine to get vitals. Nurse seen RN [registered nurse] in hallway and nurse called CODE [an emergency alert]. CPR [cardiopulmonary resuscitation] started and AED [automatic external defibrillator] used. [Nurse Practioner] in house and came to CODE. Patient had no B/P [blood pressure] and no Pulse. After round of AED and CPR patient took breaths. Continued to be unresponsive. CPR continued per staff until ambulance crew took over. At 8:26 a.m., Ambulance arrived. Husband was notified per staff. Ambulance and . . . Fire Department arrived to take over life saving procedures. Patient did have breathes and pulse at 67 at 8:30 a.m. . . . Patient left Manor Care at 8:34 a.m. per ambulance. This writer called [hospital] to update them on events that happened this a.m. and patient will be in route," . . . at 8:52 a.m., "[Physician] updated on pt statis [sic] and that she was transferred to [hospital]. . . ." Based on information received from the complainant, the "[Hospital]Discharge	F 309		

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F 309	Continued From page 5 Summaries," dated 05/10/13, stated, "DISCHARGE DIAGNOSES: 1. Ventricular fibrillation with . . . out of hospital cardiac arrest. 2. Pulmonary hypertension secondary to sleep apnea. . . . HOSPITAL COURSE: 1. Ventricular fibrillation, cardiac arrest. . . . 2. Pulmonary hypertension. The patient did have significant pulmonary hypertension and not been using her CPAP consistently recently. . . . 3. Anoxic brain injury. . . ." During an interview on 07/09/13 at 9:45 a.m., a nurse manager (#3) stated, "Night staff had to help her [Resident #4] at bedtime. The machine was by her nightstand. They would have had to bring it to her." Upon request, the facility failed to provide a physician order, treatment administration record (TAR), and/or care plan for Resident #4 addressing the use of the CPAP machine. (The CPAP machine was available for use for 103 days without an order.) The facility failed to obtain a physician's order for Resident #4's CPAP machine, including the pressure setting, prior to it's use in the facility, failed to monitor her throughout the night for any adverse reactions as per facility policy, and failed to ensure consistent use of the CPAP machine which resulted in significant pulmonary hypertension and may have contributed to her cardiac arrest. - Review of Resident #2's medical record occurred on all days of survey. Diagnoses included sleep apnea and hypertension. The MDS, dated 06/30/13,	F 309		

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F 309	Continued From page 6 identified intact cognition. The MDS failed to identify Resident #2 utilized a CPAP machine. The progress notes reviewed from 04/09/13 to 07/01/13 identified the use of a CPAP machine. Upon request, the facility failed to provide a physician order, TAR, and/or care plan for Resident #2 addressing the use of the CPAP machine. During an interview on 07/08/13 at 5:50 p.m., a nurse manager (#1) reported "the 03/30/13 order did not get transferred to the April MAR." The managerial nurse (#1) further reported she obtained a telephone order for Resident #2's CPAP machine that afternoon (The CPAP machine was available for use for 70 days prior to an order being obtained). The facility failed to verify the physician's order for Resident #2's CPAP machine, including the pressure setting, prior to it's use in the facility and failed to monitor her throughout the night for any adverse reactions, as per facility policy. - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included sleep apnea, insomnia, and hypertension. The MDS, dated 04/19/13, identified intact cognition. The MDS failed to identify Resident #5 utilized a CPAP machine. A progress note, dated 03/21/13 at 11:16 p.m., stated, ". . . Her CPAP was brought tonight, and she is using it at this time. . . ." The care plan, dated 03/26/13, identified, ". . .	F 309		

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F 309	Continued From page 7 Focus At risk for respiratory impairment . . . Interventions CPAP per physician orders . . ." The nurse practitioner's progress note, date 04/08/13, stated, ". . . c/o [complained of] being 'stuffy' making it hard to breathe when CPAP on. . ." Upon request, the facility failed to provide a physician order and/or TAR for Resident #5 addressing the use of the CPAP machine. (The CPAP machine was available for use for 32 days without an order being obtained). The facility failed to obtain the physician's order for Resident #5's CPAP machine, including the pressure setting, prior to it's use and failed to monitor her throughout the night for any adverse reactions, as per facility policy. - Review of Resident #3's medical record occurred on all days of survey. Diagnoses included hypertension and stroke with right sided weakness. The progress note, dated 07/06/13 at 2:15 a.m., stated, "Pt wearing CPAP at noc." Upon request, the facility failed to provide a physician order, TAR, and/or care plan for Resident #3 addressing the use of the CPAP machine. During an interview on 07/08/13 at 5:50 p.m., a managerial nurse (#1) reported she obtained a telephone order for Resident #3's CPAP machine that afternoon (The CPAP machine was available for use for 5 days prior to an order being	F 309		

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F 309	Continued From page 8 obtained). The facility failed to obtain the physician's order for Resident #3's CPAP machine, including the pressure setting, prior to it's use and failed to monitor him throughout the night for any adverse reactions, as per facility policy. - Review of Resident #1's medical record occurred on all days of survey. Diagnoses included sleep apnea and hypertension. The MDS, dated 06/29/13, identified intact cognition. The MDS failed to identify Resident #1 utilized a CPAP machine. The Activities of Daily Living (ADLs) Care Area Assessment (CAA), dated 05/24/13, stated, ". . . He wears a CPAP at night for sleep apnea. . . ." The current care plan identified, ". . . Focus At risk for respiratory impairment related to sleep apnea . . . Interventions CPAP use per physician orders . . ." The current physician's orders stated, ". . . CPAP AT NOC ON HS OFF AM . . ." The 2013 TAR identified the facility failed to apply Resident #1's CPAP machine on the following dates: * May 28, 29, 30, and 31 * June 10, 18, and 19 * July 2 and 3 The facility failed to verify the pressure setting for the CPAP machine, consistently apply the CPAP machine as ordered by the physician, and monitor him throughout the night for any adverse reactions, as per facility policy.	F 309		

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