PRINTED: 10/31/2014
FORM APPROVED

North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8098	A. BUILDING: _____ B. WING _____	10/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARGO MAPLE VIEW, LLC	4552 36TH AVE 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) COMPLETE DATE
B 000	INITIAL COMMENTS For the announced initial licensure survey started on October 22, 2014 and completed on October 23, 2014, the sampled included five (5) residents for complete review. In addition, the sample included seven (7) residents to verify specific concerns during the survey. No Tier I findings were identified. Tier II deficiencies were identified at B950, B1020, B1040, and B1540.	B 000		
B 950	33-03-24.1-09,5 GOVERNING BODY 5. The governing body shall ensure sufficient trained and competent staff are employed to meet the residents' needs. Staff must be in the facility, awake and prepared to assist residents twenty-four hours a day. This state licensing rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure sufficient trained and competent staff are employed to meet the needs of 6 of 6 residents (#1, #2, #6, 7, #8, and #9) identified with a Code Level Status of 1. Failure to provide trained staff to meet resident's needs placed all resident's at risk of physical harm or death. Findings Include: Review of the Code Status form for all residents occurred on 10/22/14. Six of the residents who live in this facility have chosen a code status of 1; which is identified as "Total support. Defibrillation, chest compressions, artificial respiration. Transfer to hospital."	B 950		

Health Resources Section
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/14/14

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Health Resources Section

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

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B 950	Continued From page 1 Review of personnel records for all staff working in this facility at the time of the survey, found no information to indicate any staff are trained in cardio-pulmonary resuscitation (CPR). During interview at 5:20 p.m. on 10/22/14, two administrative staff members (#1 and #2) stated they do not require staff be trained in CPR. They indicated there may be some staff who have completed this training, but CPR certification is not required for employment, so no record is kept of that information.	B 950		
B1020	33-03-24.1-10,2 FIRE SAFETY 2. Fire drills must be held monthly with a minimum of twelve per year, alternating with all workshifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. This state licensing rule is not met as evidenced by: Based on review of fire drill records and staff interview, the facility failed to conduct fire drills, alternating all workshifts for 3 of 3 months reviewed (August-October 2014). Findings include: A review of the Fire Drill Reports occurred on 10/22/14. This review found all three drills, since operations within the facility began, occurred on	B1020	*B1020* Effective immediately of the day of the survey, October 23rd, all fire drills will be rotated through alternating shifts on a monthly basis. The schedule for fire drills will rotate from the AM, PM, and Overnight shift from month to month and will be implemented and monitored by the administrator on a continual basis. An overnight fire drill was completed November 1st to begin the new rotation.	

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B1020	Continued From page 2 the afternoon/evening shift; not alternating all workshifts. During interview on the afternoon of 10/22/14, the administrator (#1) confirmed all drills have been conducted during the same shift; not alternating all workshifts, as required.	B1020		
B1040	33-03-24.1-10,4 FIRE SAFETY 4. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill including the escape path used and evidence of simulation of a call to the fire department. This state licensing rule is not met as evidenced by: Based on review of fire drill records and staff interview, the facility failed to include the names of the residents who participated in the fire drills for 3 of 3 months reviewed (August - October 2014). Findings include: A review of the Fire Drill Reports occurred on 10/22/14. This review found documentation lacking for all three drills. The fire drill reports failed to include the names of the residents who participated in the fire drills. During interview on the afternoon of 10/22/14, the administrator (#1) confirmed the fire drill reports do not contain all required information.	B1040	*B1040* Effective immediately of the day of the survey, October 23rd, a resident roster will be filed with all fire drill documentation. The additional file will document specifically the residents who are present and who are absent during the fire drill. The administrator will implement the new documentation as well as monitor to ensure this is being completed during each fire drill that takes place during the month.	

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B1540	Continued From page 3	B1540		
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This state licensing rule is not met as evidenced by: Based on observation, record review, and staff interview, facility staff failed to administer medications in accordance with manufacturer's instructions for 1 of 1 resident (Resident #6) who received insulin. Findings include: NovoLog Package Insert and Label Information, reviewed on the morning of 10/23/14, identified "Dosage and Administration . . . Because NovoLog has a more rapid onset and a shorter duration of activity than human regular insulin, it should be injected immediately (within 5-10 minutes) before a meal. . . ." This surveyor arrived at the facility at 7:02 a.m. on 10/23/14. The Certified Medication Aide I (CMA #3) had just finished administering Resident #4's medications. The CMA (#3) then administered medications to Resident #7, #11 and #1. Following these administrations, when asked, the	B1540	*B1540* All certified medication aides were reeducated on the proper administration of all medications for all the residents in the facility including proper techniques and administration times. This was completed by October 31st by the Nurse Manager. In addition to the resident this affected during the survey, any other residents that were documented to be receiving insulin were included in monitoring process that has been set up by the nurse manager. The monitoring process includes the following. For one week following the survey an LPN monitored all insulin administrations to ensure the proper techniques were completed. After this time period the insulin administrations will be monitored twice weekly for one month to ensure continued proper administration. Once those time periods are completed, insulin administration will be monitored one time per week on a continuing basis. This monitoring will be completed by an LPN on staff and be overseen by the Nurse Manager for proper completion.	

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B1540	Continued From page 4 CMA indicated there was no insulin to be administered until lunch. The CMA (#3) stated she had administered Resident #6's insulin at 7:00 a.m. Review of Resident #6's medical record occurred on the morning of 10/23/14. His medications included NovoLog insulin aspart 100 units/milliliter (ml), subcutaneous (SubQ) inject 15 units subcutaneously 3 times a day with meals. The Medication Administration Record identified NovoLog 100 units/ml vial "Inject 15 units subQ three times daily with meals." Review of the mealtime list, on 10/23/14, identified breakfast begins at 8 a.m. During interview, a certified nurse aide (#4) confirmed Resident #6 received breakfast at 8 a.m., over an hour after receiving the short-acting insulin. During interview on 10/23/14, an administrative staff member (#2) confirmed Resident #6 should have received his insulin immediately before breakfast.	B1540		