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 _____	11/08/2017

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FARGO MAPLE VIEW, LLC	4552 36TH AVE S FARGO, ND 58104

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B 000	INITIAL COMMENTS For the unannounced licensure survey, started on November 6, 2017 and completed on November 8, 2017, the sample included 10 residents for complete review and 2 closed records for review. In addition, the sample included 4 supplemental residents to verify specific concerns during the survey. Tier II citations included B1220, B1320, B1700, and B1830.	B 000		
B1220	33-03-24.1-12,2 RESIDENT ASSESSMENTS/CARE PLANS 2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include: a. A review of health, psychosocial, functional, nutritional, and activity status. b. Personal care and other needs. c. Health needs. d. The capability of self-preservation. e. Specific social and activity interests. This state licensing rule is not met as evidenced by: Based on record review and review of facility policy, the facility failed to ensure admission assessments contained specific social and activity interests for 10 of 10 sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Failure to complete admission social and	B1220	*B1220* 1. What corrective action will be accomplished for those residents affected by the deficient practice ~ The Health and Wellness Manager created a new assessment form to be used upon admission for all residents. This form is enclosed. 2. How will you identify other residents having the potential to be affected by the same deficient practice? ~ The Health and Wellness Manager will complete a new assessment on all residents to ensure that each resident has a completed assessment regarding social and activity interests. 3. How the deficiency was or will be corrected. ~All assessments were completed for current residents by the Health and Wellness Manager on December 1st, 2017. The Health and Wellness Manager will be responsible for checking these assessments on a quarterly basis when doing the quarterly assessments to ensure these are completed appropriately.	

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B1220	Continued From page 1 activity interest assessments may not reflect residents' current needs and interests. Findings include: Review of the facility policy titled "Resident Assessments" occurred on 11/08/17. This undated policy stated, ". . . An assessment will be completed on each resident within fourteen days of admission . . . The assessment must be completed in writing by a licensed professional. The assessment must include: . . . Specific social and activity interests. . . ." Review of Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10's medical records identified their admission assessments lacked information related to social and activity interests.	B1220	4. When the deficiency was corrected ~ Effective December 1st, 2017 the Health and Wellness Manager completed all of the new assessments for all current residents. 5 Who will be responsible for monitoring the corrective action? ~The Administrator, Jordyn Haider, has reviewed the completed assessments on December 4th, 2017 to ensure completion. Haider will continue to monitor by reviewing the charts in 3 months, 6 months, and 12 months to ensure the assessment continues to be completed.	
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note. d. A copy of an initial and current assessment and care plan. e. Documentation of resident	B1320	*B1320* 1. What corrective action will be accomplished for those residents affected by the deficient practice ~ The Health and Wellness Manager has contacted all residents' physicians to acquire the appropriate medical records, including transfer records. All nurses completing the	

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B1320	Continued From page 2 observations by authorized staff. f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs. h. Documentation of review of prescribed diets. i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts. k. Documentation of an annual medication regimen review. l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund. m. Documentation of a fire drill walk-through within five days of admission. n. All agreements or contracts entered into between the facility and the resident or legal representative.	B1320	transfer paperwork will also be attending an in-service with our Health and Wellness Manager to ensure understanding of proper documentation when transferring to the hospital or another location. 2. How will you identify other residents having the potential to be affected by the same deficient practice? ~ All of our current resident's records have been reviewed to ensure that we have the appropriate documentation needed from their primary physician. 3. How the deficiency was or will be corrected. ~All of the past records were requested from the physician and as they have been received we have filed them in an appropriate place. An example of one of the letters sent is attached. 4. When the deficiency was corrected? ~ The Health and Wellness Manager sent the letter to the physicians on November 17th, 2017. We have received information back from 26 of our resident's primary physicians and are still waiting on the remaining physicians to send the information. The Health and Wellness Manager will continue to follow up weekly with these physicians until all requested documents are received. 5. Who will be responsible for monitoring the corrective action? ~The Administrator, Jordyn Haider, has	

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B1320	Continued From page 3 o. A discharge note. This state licensing rule is not met as evidenced by: Based on record review and review of facility policy, the facility failed to ensure medical records contained transfer forms for 3 of 3 sampled residents (Resident #1, #5, and #9) with transfers to the emergency room (ER) and reports of residents' current health status for 10 of 10 sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Findings include: Review of the facility policy titled "Resident Records" occurred on 11/08/17. This undated policy stated, ". . . Resident records will include: . . . The licensed health care practitioner's orders and report of an examination of the resident's current health status. . . . Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. . . ." - Review of Resident #1, #5, and #9's medical records identified transfers to the ER on the following dates: *Resident #1: 08/08/17 *Resident #5: 10/25/17 *Resident #9: 04/20/17 The medical records lacked evidence of transfer forms sent with the residents. - Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10's medical records failed to include the health care practitioner's current examination report.	B1320	reviewed the completed files as of December 10th, 2017. The Administrator will continue to review weekly until all current residents' documents are received. Once this is completed the Administrator will review again in 3 months, 6 months and 1 year to ensure the appropriate documentation has been received.	

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B1700	Continued From page 4	B1700	*B1700*	
B1700	33-03-24.1-17 NURSING SERVICES 33-03-24.1-17. Nursing services. Nursing services must be available to meet the needs of the residents either by the facility directly or arranged by the facility through an appropriate individual or agency providing nursing services. This state licensing rule is not met as evidenced by: Based on record review and review of the facility's standing orders, the facility failed to provide nursing services to meet residents' needs for 3 of 3 diabetic residents (Resident #4, #6, and #10). Failure to follow parameters for the management of hypo- and hyperglycemia may result in adverse health effects. Findings include: The facility's "Standing Orders" stated, ". . . Diabetic: If resident is diabetic, notify primary physician if blood sugar exceeds 400 mg/dL [milligrams per deciliter] or is below 60 mg/dL. . . ." - Review of Resident #4's medical record occurred on all days of survey. Diagnoses included diabetes mellitus. The medication administration record (MAR) identified "accuchecks four times daily [scheduled for 8:00 a.m., noon, 5:30 p.m., and 8:00 p.m.] and as needed" and "give bedtime snack only when blood sugar < 100." Review of the MARs from August 2017 through November 7, 2017 identified 10 occasions Resident #4's blood sugar was	B1700	1. What corrective action will be accomplished for those residents affected by the deficient practice ~ The Health and Wellness Manager created a new form for standing orders in which the physician can define the parameters to specifically represent the needs of the resident. CMAs and Nurses will all be required to attend an in-service to relearn the proper training on diabetic parameters and when a snack needs to be given, as well as how to document it on the MAR. These staff members will review the procedure for contacting the nurse on call so that the nurse can contact the doctor to let them know the out of range number. 2. How will you identify other residents having the potential to be affected by the same deficient practice? ~ The Health and Wellness Manager reviewed the standing orders for all diabetic residents and sent new standing orders to these residents' physicians to get specific parameters to meet the residents needs. The new physician specific parameters have been updated to the residents chart so that CMAs and Nurses can follow these new parameters. 3. How the deficiency was or will be corrected. ~The new standing orders were faxed to all physicians of any resident who has diabetes.	

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B1700	Continued From page 5 below 60; however, the record lacked evidence of physician notification. The MARs also identified 26 occasions Resident #4's blood sugar was below 100 at 8:00 p.m.; however, the record lacked evidence staff provided a bedtime snack to Resident #4. - Review of Resident #6's medical record occurred on all days of survey. Diagnoses included diabetes mellitus. Physician's orders identified accuchecks twice per day (beginning 10/04/17). Review of the October 2017 MAR identified four occasions Resident #6's blood sugar was over 400. The record lacked evidence of physician notification. - Review of Resident #10's medical record occurred on all days of survey. Diagnoses included diabetes mellitus. The MAR identified accuchecks six times per day and if the blood sugar reading is less than 100 at 10:00 a.m. or 2:00 p.m. give 120 cubic centimeters (cc) of orange juice and a sandwich. Review of the MARs from August 2017 through November 07, 2017 identified 28 occasions Resident #10's blood sugar was below 60; however, the record lacked evidence of physician notification. The MARs also identified 42 occasions Resident #10's blood sugar was below 100 at 10:00 a.m. or 2:00 p.m.; however, the record lacked evidence staff provided a snack to Resident #10.	B1700	4. When the deficiency was corrected ~ The new standing orders were sent for all diabetic residents on November 22, 2017. We have received the new orders for all diabetic residents with the exception of two. We continue to follow up with these specific physicians weekly to request the new orders to be signed. 5. Who will be responsible for monitoring the corrective action? ~The Administrator, Jordyn Haider, has reviewed the completed standing orders for our diabetic residents and will continue to check weekly to ensure we get the two remaining standing orders that are missing. The Health and Wellness Manager will reviews the MARs on a monthly basis to ensure the CMA/Nurse has given a snack when blood sugars are not within the parameter, as well as ensuring the proper steps were followed in contacting the physician to notify them of the issue.	
B1830	33-03-24.1-18,3 DIETARY SERVICES 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks.	B1830	B1830 1. What corrective action will be accomplished for those residents affected by the deficient practice	

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B1830	Continued From page 6 This state licensing rule is not met as evidenced by: Based on review of the facility's daily menus, review of facility policy, and staff interview, the facility failed to offer snacks between all meals and post these snacks on the daily menu during 3 of 3 days of survey (November 06-08, 2017). Findings include: Review of the facility policy titled "Dining Services" occurred on 11/08/17. This undated policy stated, ". . . Three meals a day plus snacks will be available in the dining room. . . . Daily snacks will be listed on the daily menu as specific items . . . An evening snack will be available to residents. . . ." Review of the daily menus on all days of survey showed the facility failed to list between meal and evening snacks. During an interview on 11/07/17 at 11:17 a.m., a staff member (#1) stated snack time is 2:30 p.m. The staff member stated they do not routinely offer snacks in the morning or evening, but they have snacks available in the kitchen if needed.	B1830	~ The Dietary Manager has created a schedule of snacks to be given in the morning and evening, in addition to our afternoon snack that is available for staff to see in the kitchen. This information has also been updated to our daily menu board for residents to see what is available when. 2. How will you identify other residents having the potential to be affected by the same deficient practice? ~ This policy affects all of our residents. The menu board is available in the great room, which is a public area for all residents, for them to view at any time that they choose. 3. How the deficiency was or will be corrected. ~A new schedule of snacks was implemented in the kitchen and correct documentation on the public menu board was completed to ensure residents are aware of what is available. 4. When the deficiency was corrected ~ The deficiency was corrected on November 10th, 2017. 5. Who will be responsible for monitoring the corrective action? ~The Administrator, Jordyn Haider, will review the public menu board and kitchen snack schedule on a weekly basis for the next three months and then monthly thereafter.	