STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355047	A. BUILDING _____ B. WING _____	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD ON BROADWAY	1351 N BROADWAY FARGO, ND 58102

(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 06/17/19 and concluded on 06/20/19.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or	F 580		7/25/19

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

Electronically Signed | 07/08/2019

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F 580	Continued From page 1 State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to notify, in a timely manner, the resident's physician for 1 of 1 sampled resident (Resident #102) who experienced a fall occurring outside the facility with injuries which later resulted in fractures. Failure to promptly notify the physician limited the physician's ability to make an informed decision regarding the resident's care and may affect the resident's quality of life. Findings include: Review of the facility policy "Notification of Change in a Resident's Condition or Status" occurred on 06/20/19. The policy, revised 07/10/18, stated, ". . . Facility staff will promptly notify the . . . attending physician . . . of changes in the resident's condition . . . The Nurse on duty will notify the resident's attending physician	F 580	F 580 Notify of Changes It is the practice of this facility to notify resident's physician of any accidents resulting in injury. 1. The physician for resident #102 was notified of his fall on the following Monday 4/22/19 for the fall occurring on 4/20/19. 2. All residents with an accident resulting in an injury requiring physician intervention have the potential to be affected. 3. Licensed Nurses will be re-educated on notification of resident's medical provider with any accident resulting in an injury or change in treatment. Nurse's Meeting will be held 7/17/2019. 4. The Quality Nurse or designee will audit all residents with an accident resulting in an injury weekly for 4 weeks then monthly for 3 months then quarterly	

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F 580	Continued From page 2 when: . . . The resident is involved in any accident or incident that results in an injury including injuries of an unknown source that requires physician intervention . . ." Review of the facility policy titled "Accidents and Incidents--Investigating and Recording" occurred on 06/20/19. The policy, revised 07/19/18, stated, ". . . The charge nurse shall: . . . Follow physician directives based on physician notification . . ." - Review of Resident #102's medical record occurred on all days of survey. The Fall Report dated 04/20/19, stated, " . . . As reported by [name]. Resident was brought back from church by [name]. [name] stated resident's w/c [wheelchair] hit a bump on the sidewalk. He leaned the chair back and resident leaned forward. The safety belt gave way and resident fell out on to the ground. and abruptly stopped. He bumped the right side of his forehead resulting in an abrasion and receive abrasions to his knuckles, elbows, and knees. [name] put him back in the chair and brought him to the facility . . . Bruise atop Lt [left] hand 5x7 cm [centimeters] [approximately 2 x 2.75 inches] . . ." The Rosewood Practitioner Communication form, completed 04/20/19, stated, ". . . 1730 [5:30 p.m.] time of fall . . . Resident fell out of his w/c outside. He has a bump and abrasion on the Rt [right] side of forehead. Abrasions on 3 fingers bruises on both hands and abrasions on knees. Vitals @ the time 100.1 [temperature] 97% RA [oxygen on room air] 21 [respirations] 68 [pulse] 150/90 [blood pressure] ice applied to forehead. c/o [complains of] pain in the Lt hand . . . Practitioner	F 580	for 1 year for documentation of notification of physician. Audits will be reviewed at the facility QAPI meeting for continued compliance.	

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F 580	Continued From page 3 Response: noted - seatbelt was evaluated & working well . . . Date 04/22/19. . . ." Review of record showed the facility staff completed the Practitioner Communication form on 04/20/19. However, a practitioner did not see Resident #102 until 04/22/19. Review of record showed Resident #102 complained of left hand pain and swelling. On 05/01/19, an xray identified ". . . Displaced fx [fracture] of base of second metacarpal bone, left hand, initial encounter for closed fx. . . ." Further record review of physician notes, dated 05/24/19 - 05/28/19, indicated while being hospitalized for pneumonia, an xray identified, " . . . Displaced posterior arch fx of 1st cervical vertebra, subsequent encounter for fx [with] routine healing . . . Other displaced fx of 4th cervical vertebrae, subsequent encounter for fx [with] routine healing. . . ." During an interview on 06/19/19 at 5:20 p.m., an administrative nurse (#1) stated she expected staff to notify the practitioner right away if a resident injury occurred.	F 580		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-	F 625		7/24/19

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F 625	Continued From page 4 (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide a bed-hold notice for 1 of 1 resident closed record (Resident #117) with an admission to the hospital. Failure to provide the facility's bed-hold policy does not allow residents or their legal representatives to make informed choices regarding their readmission rights. Findings include: Review of Resident #117's medical record occurred on 06/20/19 and identified the facility transferred the resident to the hospital on 05/17/19. The medical record lacked evidence the facility staff provided Resident #117 and/or his/her legal representative written notice of the	F 625	F625 Notice of Bed Hold It is the practice of this facility to provide a notice of bed-hold to all residents upon transfer to the hospital. 1. Resident #117 upon transfer to the hospital chose not to return to the facility, so had been discharged to the hospital. We are unable to do a bed-hold at this time. 2. All residents transferring to the hospital have the potential to be affected. 3. Licensed nurses and Care Managers will be re-educated on the facility Bed-hold policy and accompanying documentation. Education will be	

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F 625	Continued From page 5 bed-hold policy upon transfer to the hospital. During an interview on the morning of 06/20/19, an administrative nurse (#1) confirmed the facility failed to provide the bed-hold notice.	F 625	completed on 7/17/19. 4. The Quality Nurse or designee will audit all residents transferred to the hospital for completion of the bed-hold weekly for 4 weeks, monthly for 3 months and quarterly for 1 year.	
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: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 05/23/2018 Based on observation, review of facility policy, and staff interview, the facility failed to follow professional standards of practice related to priming insulin pens during 2 of 3 observations of insulin administration (06/19/19). Failure to remove the needle outer covering prior to priming an insulin pen may result in a resident receiving an inaccurate dose of insulin. Findings include: Review of the facility policy titled, "Insulin Pen" occurred on 06/20/19. This policy, dated February 2018, stated, " . . . remove outer cover from safety needle pen . . . push the plunger, and watch to see at least one drop of insulin appears on the tip of the needle. If not, repeat until at least one drop appears . . ."	F 658	F658 Professional Standards – Insulin Pen Priming It is the practice of this facility to complete insulin pen priming according to professional standards of practice. 1. Re-education was given to nurse #4 to remove the needle shield when priming the insulin pen on 6/20/19. 2. All residents who receive insulin via an insulin pen have the potential to be affected. 3. Re-education provided to all nurses and medication aides to remove the needle cover when priming the insulin pen. 4. The Quality Nurse or designee will audit 5 insulin injections per week for 4 weeks and monthly for 3 months then quarterly for 1 year to verify that the cover is removed from the insulin pen when priming. Audits will be reviewed at the facility QAPI meeting for continued	7/24/19

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F 658	Continued From page 6 - Observation on 06/19/19 at 11:25 a.m. showed a licensed nurse (#4) prepared an insulin pen for injection. After placing the needle on the insulin pen and with the outer cover in place, the nurse primed the insulin pen and failed to visualize a drop of insulin from the needle. - Observation on 06/19/19 at 11:28 a.m. showed a licensed nurse (#4) prepared an insulin pen for injection. After placing the needle on the pen with the outer cover in place the nurse rotated the pen between her hands. The outer cover (cap) fell off of the insulin pen, the nurse primed the pen, and stated "I usually keep the cap on." During an interview on 06/19/19 at 4:57 p.m. a supervisory nurse (#5) agreed the nurse failed to prime the insulin pen as per policy.	F 658	compliance.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide	F 761		7/24/19

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F 761	Continued From page 7 separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure staff stored medications securely and discarded expired laboratory supplies for 3 of 8 resident units (Prairie Rose and Berg Terrace medication storage rooms and Third North medication cart). Failure to discard expired laboratory supplies and ensure the medication cart remained locked increased the risk of staff utilizing outdated laboratory supplies and diversion of resident medications. Findings include: - Observation of the Berg Terrace medication storage room on the morning of 06/19/19 with a licensed staff nurse (#3) identified the following expired laboratory supplies: * Two Universal viral Transport for Viruses, Chlamydiae, Mycoplasmas and Ureaplasmas with Red tops - expired 03/2019 * Two Bact/ALERT FA Plus 30 milliliters (ml) expired 05/18/19 * One Bact/ALERT PF Plus 30 ml expired 12/28/18 * One Bact/ALERT PF Plus 30 ml expired 06/06/19 * Four blue top vacutainers - two expired	F 761	F761 Label/Store Drugs and Biologicals – storage of lab supplies 1. All expired lab supplies were removed from the storage rooms on Prairie Rose and Berg Terrace. Re-education was provided to the nurse on Third North on locking the medication cart when she is not nearby. 2. All residents have the potential to be affected. 3. Night nurses will be educated to check the expiration dates of the lab supplies when they are checking the medication carts and initial on the night checklist completion. All licensed nurses and medication techs will be re-educated to lock the medication cart when they are not in sight of the cart. 4. The Quality Nurse or designee will audit lab supplies weekly for 4 weeks and monthly for 3 months then quarterly for 1 year to verify that there are no expired supplies in the supply room. The Quality Nurse or designee will do 5 observations of the med cart weekly for 4 weeks and monthly for 3 months then quarterly for 1 year to verify that the med cart is being	

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F 761	Continued From page 8 10/31/18 and two expired 01/31/18 * One red top vacutainer expired 05/2017 * Two yellow top vacutainers - one expired 02/28/19 and one expired 07/31/18 * Three pink top vacutainers expired 04/30/19 * Four green top vacutainers - three expired 01/31/19 and one expired 02/28/18 During the observation, the licensed staff member (#4) agreed the above items had expired and staff needed to discard the items. - Observation of the Prairie Rose medication storage room on the morning of 06/19/19 with a nurse manager (#2) identified: * One yellow top vacutainer expired 07/31/18 * One green top vacutainer expired 01/31/19 * Two purple top vacutainers expired 04/30/19 * One blue top vacutainer expired 07/2016 Review of the facility policy titled "Medication Storage" occurred on 06/20/19. This policy, dated July 2018, stated, ". . . All drugs and biologicals will be stored in locked compartments (i.e., medication carts . . .)" - Observation on 06/17/19 at 11:53 a.m. showed the medication cart on Third North unlocked with no staff nearby until 12:02 p.m. when an unidentified nurse exited a resident's room.	F 761	locked. Audits will be reviewed at the facility QAPI meeting for continued compliance.	