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 _____	C 05/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST CATHERINE NORTH	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 and complaint survey started 05/24/21 and concluded 05/27/21.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide assistance with activities of daily living (ADL) to 3 of 3 sampled residents with feeding tubes (Resident #38, #83, and #87) observed during cares, medication administration or routine flushes. Failure to provide appropriate assistance to residents who cannot independently carry out ADLs may result in poor hygiene and decreased self-esteem. Findings include: Review of the facility policy titled "Oral Care" occurred 05/27/21. This policy, revised July 2013, stated, " POLICY: All residents should receive oral hygiene twice a day. Certain residents require more frequent care, they are residents who are . . . unable to take fluids by mouth . . . these residents should have oral cares every 2 hours or according to their individual care plan . . ." - Review of Resident #38's medical record occurred all days of survey. Diagnoses included	F 677	F 677 It is the practice of this facility to assist residents with necessary activities of daily living if they are unable to carry them out independently, 1. Re-education provided to staff caring for residents #38, #83, and #87 to assist residents with oral cares during cares, medication administration, and routine flushes. 2. All residents who are NPO and unable to independently carry out oral cares have the potential to be affected. 3. Licensed nurses and CNA's will be re-educated to provide oral cares to residents who are NPO and unable to carry out oral cares independently. 4. The Quality Nurse or designee will audit all NPO residents for completion of oral cares per policy weekly for 4 weeks, monthly for 3 months, and quarterly for one year.	7/1/21

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

Electronically Signed | 06/14/2021

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F 677	Continued From page 1	F 677		

cerebral palsy (disorder that affects movement, muscle tone, balance, and posture), and other developmental disorders of speech and language. The current care plan stated, " . . . Total assist of one with oral cares frequently . . . Personal Hygiene: Total dependence assist of 1 . . . "

Observation on 05/25/21 at 10:09 a.m., showed two CNAs (certified nursing assistants) (#5 and #6) transferred Resident #38 from a chair to the bed with a hoyer [total body lift], changed brief, and completed perineal cares. The CNAs failed to provide oral cares.

Observation on 05/27/21 at 9:37 a.m., showed a licensed nurse (#2) administered medications and feeding via feeding tube for Resident #38. The nurse (#2) failed to provide oral cares.

- Review of Resident #83's medical record occurred all days of survey. Diagnoses included Alzheimer's disease, dementia, and bell's palsy (weakness or paralysis of the muscles in the face). The quarterly minimum data set (MDS) dated 05/13/21 stated, " . . . personal hygiene with extensive assist with one person . . . " Physician orders stated, " . . . oral cares with biotene (for dry mouth) swab every (q) 2 hours while awake every day and evening shift for dry mouth . . . "

Observation on 05/26/21 at 10:50 a.m., showed a licensed nurse (#3) administered medications and feeding via feeding tube for Resident #83. The nurse (#3) failed to provide oral cares.

- Review of Resident #87's medical record

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F 677	Continued From page 2 occurred all days of survey. Diagnoses included dysphagia (difficulty swallowing) following unspecified cerebrovascular disease, and hemiplegia (paralysis of one side of the body), unspecified affecting left nondominant side. The current care plan stated, " . . . Provide mouth care as per activities of daily living (ADL) personal hygiene . . . " The quarterly MDS dated 04/24/21 stated, " . . . personal hygiene with total dependence of one person assist . . . " Observation on 05/25/21 at 9:51 a.m. showed two CNAs (#5 and #6) transferred Resident #83 from the chair to the bed with a ceiling lift, changed brief, and completed perineal cares. The CNAs failed to provide oral cares. Observation on 05/26/21 at 3:45 p.m. showed a licensed nurse (#4) flushed feeding tube for Resident #83. The nurse (#4) failed to provide oral care. During an interview on 05/27/21 at 9:37 a.m. an administrative staff (#1) agreed staff had not performed oral cares per the facility's policy.	F 677		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by	F 693		7/1/21

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F 693	Continued From page 3 enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure the appropriate care and services to prevent complications for 2 of 3 sampled resident (Resident #38 and #87) receiving medication and nutrition by a gastrostomy (tube surgically inserted) tube. Failure to verify placement of the gastrostomy tube prior to administering medications and nutrition has the potential to result in adverse events. Findings include: Review of the facility policy titled "Gastrostomy tube management" occurred on 05/27/21. This policy, revised June 2016 stated, ". . . Check tube position every 4 hours when continuous feeding, before every intermittent feeding and before administering medications . . . Verify feeding tube position using auscultation . . . Draw up 10-20 cc's [cubic centimeters] of air into a 30-60 cc syringe. Insert the tip of the syringe into the feeding tube. Place the stethoscope on the left side of the abdomen just above the waist and	F 693	F693 It is the practice of this facility to verify the placement of gastrostomy tubes prior to administration of medications and nutrition. 1. Re-education provided to licenses nurses and medication technicians caring for residents #38 and #87 to verify placement of gastrostomy tubes prior to administration of medications and nutrition. 2. All residents who are receiving medications and/or nutrition via a gastrostomy tube have the potential to be affected by this practice. 3. Licensed nurses and medication technicians will be re-educated on verifying gastrostomy tube placement prior to administration of medications and/or nutrition. 4. The Quality Nurse or designee will audit that all residents receiving medications and/or nutrition via	

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F 693	Continued From page 4 inject the air from the syringe into the stomach. Listen for bubbling or "gushing" sound. Check and record amount and appearance of residual . . . " - Review of Resident #38's medical record occurred on all days of survey. Diagnoses included cerebral palsy (disorder that affects movement, muscle tone, balance, and posture), encounter for attention to gastrostomy, and other developmental disorders of speech and language. The quarterly minimum data set (MDS) dated 03/16/21, identified, Section K - identified a feeding tube. Observation on 05/25/21 at 11:05 a.m. showed a licensed nurse (#2) administered crushed medication and Jevity per Resident #38's feeding tube. The nurse failed to check placement prior to the medication administration. - Review of Resident #87's medical record occurred on all days of survey. Diagnoses included dysphagia (difficulty swallowing) following unspecified cerebrovascular disease, and hemiplegia (paralysis of one side of the body), unspecified affecting left nondominant side. The quarterly minimum data set (MDS) dated 04/24/21, identified, Section K - Abdominal feeding tube. The current care plan identified, " . . . requires a feeding tube related to (r/t) dysphasia (difficulty swallowing) . . . Check for tube placement and residual volume per facility protocol/as ordered . . . I receive my hydration via my feeding tube . . . I receive my medications via my feeding tube . . . " Observation on 05/26/21 at 3:45 p.m. showed a	F 693	gastrostomy tube have placement checked prior to administration weekly for 4 weeks, monthly for 3 months and then quarterly for one year.	

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F 693	Continued From page 5 licensed nurse (#4) flushed Resident #87's feeding tube with water. The nurse failed to check placement prior to the flush. During an interview on 05/27/21 at 9:37 a.m., an administrative nurse (#2) confirmed she expected staff to check placement of the feeding tube prior to medication and feeding administration.	F 693		
F9999	FINAL OBSERVATIONS Based on record review, policy review, staff interview, and resident interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	F9999		