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 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR FARGO, ND 58103

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey and complaint survey started on 08/06/23 and concluded 08/09/23. During the complaint investigation, the issues identified by the complainant were found in compliance.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		9/8/23

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

Electronically Signed | 08/31/2023

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F 584	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure a safe, clean, comfortable, homelike environment for 2 of 5 sampled residents (Resident #20 and #27) on oxygen. Failure to clean personal fans and oxygen concentrator filters does not provide a safe and clean environment and has the potential to place the residents at risk for illness. Findings include: The facility failed to provide a policy/procedure for the cleaning of personal fans and changing/cleaning the oxygen concentrator filters. -Observation on 08/06/23 at 11:18 a.m. showed Resident #20 lying in bed with oxygen being administered via nasal cannula. Observation showed the oxygen concentrator filter covered in dust and debris. Review of Resident #20's medical record occurred on all days of the survey. Diagnoses included chronic respiratory failure, chronic obstructive pulmonary disease, obstructive sleep	F 584	Corrective Action: On 8/7/23 resident 20's oxygen concentrator was cleaned, and the filter was replaced. On 8/7/23 resident 27's oxygen concentrator was cleaned, and the filter was replaced. On 8/7/23 resident 27's personal fans were cleaned. Identification of others: On 8/8/23 the Director of Nursing audited to ensure that all oxygen concentrators and oxygen concentrator filters were cleaned. Two (2) oxygen concentrators were identified, and any concerns were immediately corrected. On 8/15/23 the Housekeeping Director audited to ensure that all personal fans were cleaned. 7 personal fans were identified, and any concerns were immediately corrected. Systemic change:	

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F 584	Continued From page 2 apnea, and shortness of breath. During an interview on 08/08/23 at 3:07 p.m., an administrative nurse (#1) confirmed staff failed to clean the oxygen concentrator filter and clean the filter weekly as ordered. -Observation on 08/07/23 at 10:37 a.m. showed Resident #27 lying in bed with oxygen being administered via nasal cannula while two fans blew air toward the resident. Observation showed the fan covers/grates, fan blades, and oxygen concentrator filter covered in dust and debris. Review of Resident #27's medical record occurred on all days of the survey. Diagnoses included acute respiratory failure. During an interview on 08/09/23 at 8:52 a.m., an administrative nurse (#1) confirmed staff failed to clean the personal fans and oxygen concentrator filter and expects the filters and fans to be cleaned.	F 584	Education was provided by the Director of Nursing to clinical staff on or before 8/31/2023 for oxygen concentrators; oxygen concentrator filters will be rinsed and inspected weekly on the NOC shift when tubing is exchanged. Filters will be replaced per manufacturer recommendations when torn or damaged. Education was provided by the Administrator to housekeeping staff on or before 8/31/2023 on ensuring that personal fans are being cleaned weekly. Education was provided by the Administrator to housekeeping staff on or before 8/31/2023 on proper cleaning techniques of oxygen concentrators when a resident is discharged. Monitoring: The administrator or designee will conduct audits 5 times a week for 4 weeks, then 3 times a week for 4 weeks, and then weekly for 2 months to validate that all oxygen concentrator filters are being cleaned per facility protocol. The administrator or designee will conduct audits 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 2 months to validate that all resident's fans are being cleaned per facility protocol. The results of the audits will be tracked and trended and presented to the Quality	

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F 584	Continued From page 3	F 584	Assurance and Performance Improvement Committee Monthly to identify if any further action is needed.	
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.17.1), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 3 of 13 sampled residents (Resident #14, #27, and #32) and one supplemental resident (Resident #29). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: SECTION J: HEALTH CONDITIONS The Long-Term Care Facility RAI User's Manual, revised October 2019, pages J-24 and J-25, stated, ". . . HOSPICE SERVICES: A program for terminally ill persons . . . TERMINALLY ILL: "Terminally ill" means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. . . . Coding Instructions: . . . Code 1, yes: if the medical record includes physician	F 641	Corrective Action: On 8/21/23 The MDS for resident 32 was updated to reflect that the resident has a condition or a chronic disease that has a life expectancy of less than 6 months. On 8/21/23 The MDS for resident 14 was updated to reflect that the resident that the bed rail was not used as a restraint. On 8/21/23 The MDS for resident 27 was updated to reflect that the resident that the bed rail was not used as a restraint. On 8/21/23 The MDS for resident 29 was updated to reflect that the resident that the bed rail was not used as a restraint. Identification of others: The MDS Coordinator reviewed the MDS of facility residents receiving hospice services on 8/21/2023 to ensure that they accurately reflected that the resident has a condition or a chronic disease that has a life expectancy of less than 6 months. No other residents were identified. Facility residents with quarter bedside	9/8/23

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F 641	Continued From page 4 documentation: 1) that the resident is terminally ill; or 2) the resident is receiving hospice services. Review of Resident #32's medical record occurred on all days of survey. A physician's order, dated 01/03/23, stated, "Admit to [name of hospice provider] primary Diagnosis: Hypertension, Heart disease." The physician completed a "Certification of Terminal Illness" effective January 3-April 2, 2023, April 3-July 1, 2023, and July 2-August 30, 2023. The quarterly MDSs, dated 04/04/23 and 07/02/23, identified J1400 Prognosis: Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (requires physician documentation) - answered "0. No." During an interview on 08/08/23 at 3:15 p.m., an administrative nurse (#1) confirmed the facility incorrectly coded Resident #32's MDSs for the prognosis of a terminal illness. SECTION P: PHYSICAL RESTRAINTS The Long-Term Care Facility RAI User's Manual, revised October 2019, pages P-1 and P-5, stated, ". . . PHYSICAL RESTRAINTS: Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. . . . Coding Instructions: . . . After determining whether or not an item . . . is a physical restraint and was used during the 7-day look-back period, code the	F 641	rails, side cane, or other assistive devices attached to the bedframe were reviewed by the Director of Nursing and MDS Coordinator on 8/21/2023 to ensure they were correctly coded on their MDS when asked if it was used as a restraint daily. One additional resident was identified during the review and corrected on 8/21/2023. Systemic change: Education was provided by the Administrator/designee to the MDS coordinator on or before 8/31/2023 on ensuring residents receiving hospice services that the MDS accurately reflected that the resident has a condition or a chronic disease that has a life expectancy of less than 6 months and this was documented by the provider. Education was provided by the Administrator/designee to the MDS coordinator on or before 8/31/2023 on ensuring Facility residents with quarter bedside rails, side cane, or other assistive devices attached to the bedframe were correctly coded on their MDS when asked if it was used as a restraint daily. Monitoring: The DON /designee will conduct auditing on each submitted MDS, 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 2 months to validate that the MDS of facility residents	

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F 641	Continued From page 5 frequency of use: Code 0, not used: if the item was not used during the 7-day look-back or it was used but did not meet the definition. . . . Code 2, used daily: if the item met the definition and was used on a daily basis during the look-back period. . . ." - Review of Resident #14's medical record occurred on all days of survey. The quarterly MDS, dated 07/08/23, identified bed rail used daily as a restraint. A "Physical Device and/or Restraint Evaluation and Review" form was completed and showed staff checked "no" to the question, "Would the assist/grab bar(s) be a restraint for this resident?" Observation on 08/06/23 at 11:58 a.m. showed Resident #14 with 1/4 bed side rails on his bed. - Review of Resident #27's medical record occurred on all days of survey. The quarterly MDS, dated 07/01/23, identified daily use of a bedrail as a restraint. Observation on 08/06/23 at 4:25 p.m. showed Resident #27 in bed with a side cane on both sides of the bed. - Review of Resident #29's medical record occurred on all days of survey. The quarterly MDS, dated 06/01/23, identified daily use of a bedrail as a restraint. Observation on 08/06/23 at 3:50 p.m. showed Resident #29 in bed with a side cane on both sides of the bed.	F 641	receiving hospice services accurately reflects that the resident has a condition or a chronic disease that has a life expectancy of less than 6 months. The DON /designee will conduct auditing on each submitted MDS, 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 2 months to validate Facility residents with quarter bedside rails, side cane, or other assistive devices attached to the bedframe to ensure they were correctly coded on their MDS when asked if it was used as a restraint daily. Any identified trends will be reported to the Quality Assurance and Performance Improvement Committee monthly and as needed until a lesser frequency is deemed appropriate.	

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F 641	Continued From page 6 During interviews on 08/08/23 at 2:50 p.m. and 08/09/23 at 9:35 a.m., an administrative nurse (#1) confirmed the facility coded Resident #14, #27, and #29's MDSs incorrectly for restraint use.	F 641		