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 09/13/2021

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

(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 An unannounced onsite complaint investigation survey was completed on 09/13/201. The some of the concerns identified by the complainant were unsubstantiated.	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 information provided by the complainant, observation, record review, review of facility policy, and resident/staff interviews the facility failed to provide activities of daily living (ADL) assistance for 1 of 2 sampled residents (Resident #3) who require assistance with turning and repositioning. Failure to turn and reposition residents dependent on assistance with ADLs may result in skin breakdown and/or pressure ulcers. Findings include: Review of this facility policy titled "Repositioning" occurred on 09/13/21. This policy stated, ". . . 1. A turning/repositioning program includes a continuous consistent program for changing the resident's position and realigning the body. A program is defined as a specific approach that is organized, planned, documented, monitored and evaluated. . . ." Review of Resident #3's medical record occurred on all days of survey and included the diagnosis	F 677	Corrective Action A task was created in Resident #3 electronic medical record to record repositioning. Identification of Others A full sweep of all residents was conducted to identify any residents that identified as being dependent with bed mobility and had a turn and reposition task created in PCC. The residents were also care planned for repositioning every 2 hours and the Kardex was updated. The sweep was completed for all residents 9/24/21. Systemic Changes The Director of Nursing/designee provided education for all Licensed & Certified Nursing Staff on policy and procedure, "Repositioning" with an emphasis on documentation of repositioning for the resident.	10/18/21

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

Electronically Signed | 10/18/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 677	Continued From page 1 of injury to spinal cord. The quarterly Minimum Data Set (MDS), dated 07/15/21, identified Resident #3 required total (dependent) assistance of two for bed mobility and transfers. Review of Resident #3's current care plan failed to address a turning and repositioning program. Observation on 09/13/21 at 2:30 p.m., showed Resident #3 in the bed on his back and at 5:49 p.m., the resident remained in the same position. During an interview on 09/13/2021 at 4:20 p.m., when asked where staff document turning and repositioning for Resident #3 a CNA (#3) stated, "Until this afternoon we didn't document it anywhere. This afternoon they added turning and repositioning to our charting for Resident #3." During an interview on 09/13/21 at 4:56 p.m., when asked where staff document turning and repositioning for Resident #3 the CNA (#2) stated, "I don't, It's just word of mouth." During an interview on 09/13/21 at 5:20 p.m., an administrative nurse (#1) stated she expects staff to turn and/or reposition every resident at least every two hours and confirmed the medical record lacked documentation of turning and repositioning.	F 677	Monitoring The Director of Nursing/designee will create an audit to observe and record the proper execution and documentation of repositioning. The audit will be conducted daily x4 weeks, weekly x8 weeks, and monthly x9 months. Any concerns will be corrected, and any identified trends will be reported to the QAPI committee for further review and recommendation until a lessor frequency is deemed appropriate. Date of Compliance 10/18/2021	