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 _____	R-C 10/11/2022

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 An on-site revisit survey and complaint investigation, started on 10/10/22 and concluded 10/11/22, was conducted to determine compliance with deficiencies identified during the complaint survey completed on 08/30/22.	{F 000}		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		10/28/22

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

Electronically Signed | 10/28/2022

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F 550	Continued From page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and resident interview, the facility failed to provide care in a manner that maintains or enhances resident dignity for 1 of 1 sampled resident (Resident #7) observed during toileting. Failure to offer toileting in a dignified manner does not enhance the resident's quality of life and may result in decreased self-esteem, skin breakdown, and urinary tract infections. Findings include: Review of the facility policy titled "Dignity" occurred on 10/11/22. This policy, dated 2018, stated, ". . . Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. . . . Demeaning practices and standards of care that compromise dignity are prohibited. . . ." During a resident interview on 10/10/22 at 1:40 p.m., Resident #7 stated she used to have a smaller bed pan, but the staff got rid of it. The resident stated, "Now they put a brief under me. They [staff] tell me to pee in the brief. [It] takes them awhile to come back, then I have to sit here	F 550	Corrective Actions: The Administrator/designee validated that the appropriately sized bedpan for resident #7 was in place on 10/12/2022, 10/14/2022, 10/17/2022, 10/19/2022 and 10/21/2022. The Administrator validated on 10/12/2022 that additional bedpans of assorted sizes were available to accommodate residents needs and preferences. Identification of Others: The facility audited the use of bed pans for the correct size and type required for each resident. Any identified concerns were promptly corrected, and care plans revised as applicable. Systemic Changes: The Director of Nursing/designee provided education to licensed nurses	

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F 550	Continued From page 2 in my mess. Next thing you know, I'll have an infection." The resident further identified the only bed pans offered to her are too tall/thick, and it hurts her back to use them. During an observation on 10/10/22 at 1:52 p.m. two certified nursing assistants (CNAs) (#1 and #2) entered Resident #7's room. The resident identified she needed a brief, and the CNAs placed an incontinence brief under the resident as she lie in bed. The resident stated, "Now when I put my light on, you'll come back right? To clean me up?" A CNA (#2) stated, "I didn't know you wanted to pee. We should have used a bed pan." The resident stated, "I've told you I can't use those bed pans. They hurt my back." The CNAs then left the room without further intervention. The facility staff failed to provide options for toileting assistance that would enhance or maintain Resident #7's dignity. Refer to F690	F 550	and certified nurse's aides on the resident's right to be treated with respect, dignity and with care that promotes maintenance or enhances residents' quality of life, specifically providing appropriate equipment for resident use with toileting such as appropriate sized bedpan for resident comfort and safety with toileting, including steps to take if equipment/devices are not available. Education will be included for new hires and agency staff regarding meeting resident needs and rights for toileting needs and incontinent cares. Education will be provided for new hires and agency staff to include the proper communication channels to inform facility leadership when any equipment/devices are not available. Monitoring: The Director of Nursing/designee will conduct audits on residents with bedpans – 2 residents x 5days per week for 4 weeks; then 5 residents weekly for 4 weeks; then 10 residents a month x 3 months. The Director of Nursing/designee will conduct audits for being treated with dignity and respect -2 residents x 5days per week for 4 weeks; then 5 residents weekly for 4 weeks; then 10 residents a month x 3 months. The results of the audits will be reviewed monthly at QAPI to determine compliance and to note any trends. The QAPI committee will recommend any changes	

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F 550	Continued From page 3	F 550	based on the results of the audits.	
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: Based on resident interview, record review, review of professional reference, and staff interview, the facility failed to administer medications in accordance with professional standards for 1 of 1 sampled resident (Resident #8) with medication concerns. Failure to administer the correct medications and/or address potential medication errors may result in adverse health effects for residents. Findings include: Berman, Snyder, and Frandsen's "Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice," 11th ed., Pearson Education, Inc., New Jersey, page 835-836, stated, ". . . Certain aspects of medication administration are important for the nurse to check each time a medication is administered. These are referred to as the "rights." . . . Right Medication . . . The medication given was the medication ordered . . . Right Client . . . Medication is given to the intended client . . ." Page 840 stated, ". . . If the client says that the medication you are about to give is different from what the client has been receiving, do not give the medication without first checking the original order. . . . Stay with the	F 658	Corrective Actions: The licensed nurse who provided medication to resident #8 on 10/10/2022 was educated on proper medication administration, including the 8 rights of medication administration and reporting of medication errors if identified. Facility completed a near miss incident report. Identification of Others: The Director of Nursing/designee audited all residents that medications were correctly administered and were not left at bedside unless otherwise appropriately assessed to self-administer with physician order to do so, any concerns were promptly corrected. Systemic Changes: The licensed nurse who provided	10/28/22

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F 658	Continued From page 4 client until all medications have been swallowed. . . ." Review of Resident #8's medical record occurred on October 10-11, 2022. The current Minimum Data Set (MDS), dated 09/02/22, identified intact cognition. During an interview on 10/10/22 at 3:30 p.m., Resident #8 identified that on Saturday (10/08/22) a nurse gave her morning pills and left her room. She stated there were two unfamiliar pills in her cup, so she looked them up by the imprint code online. The pills she identified were oxycodone hydrochloride (a narcotic pain medication) and methylphenidate hydrochloride (i.e., Ritalin, used to treat attention deficit and hyperactivity disorder). Resident #8 stated she should receive Gabapentin (used to treat nerve pain) and tramadol (a narcotic pain medication). Resident #8 stated, "I called the nurse back in and told [him/her] they were the wrong pills. [He/she] said no, but I insisted. [The nurse] went back out to check and sure enough, they were the wrong pills." During an interview on the morning of 10/11/22, an administrative staff member (#3) stated Resident #8 knows her pills and knows the numbers on them. Resident #8's medical record and the facility incident reports lacked identification of this incident.	F 658	medication to resident #8 on 10/10/2022 was educated on proper medication administration, including the 8 rights of medication administration and reporting of medication errors if identified. Licensed nurses were educated on the 8 rights of medication administration including steps to take if a resident has concerns with medications being administered and the reporting of medication errors. Monitoring/QAPI: The DON/Designee will conduct audits of observation of medication pass and interview alert and oriented residents □ 5 residents 3 x week for 4 weeks; weekly x 4 weeks; then monthly 3 months. The results of the audits will be reviewed monthly at QAPI to determine compliance and to note any trends. The QAPI committee will recommend any changes based on the results of the audits.	
{F 690} SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence.	{F 690}		10/28/22

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{F 690}	Continued From page 5 §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: DURING THE ON-SITE REVISIT COMPLETED ON OCTOBER 10-11, 2022, EVIDENCE SHOWED THE FACILITY FAILED TO ACHIEVE	{F 690}	Corrective Actions: The Administrator/designee validated that	

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{F 690}	Continued From page 6 COMPLIANCE WITH THIS REQUIREMENT. Refer to 08/30/22 CMS-2567. Based on observation, record review, review of facility policy, and resident and staff interview, the facility failed to provide care and services to maintain continence for 1 of 1 sampled resident (Resident #7) observed during toileting. Failure to provide a bed pan for Resident #7 resulted in avoidable incontinence and may result in skin breakdown, urinary tract infections, and a loss of dignity. Findings include: Review of the facility policy titled "Supporting Activities of Daily Living (ADLs)" occurred on 08/17/22 and 10/11/22. This policy, dated 2021, stated, ". . . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with . . . Elimination (toileting) . . ." Review of Resident #7's medical record occurred on October 10-11, 2022. The current Minimum Data Set (MDS), dated 09/10/22, identified no short term or long term memory problems. The current care plan stated, ". . . has a potential for self care deficit r/t [related to] energy deficit, impaired mobility or transfer ability, pain . . . 2 person assist with bed mobility, toileting and transfers [full body mechanical lift], dressing, grooming and bathing . . ." A comprehensive skilled assessment, dated 09/29/22, stated, ". . . assist of two for bedpan . . ." A nurse's note, dated 10/07/22 at 9:12 p.m., stated, ". . . Pt	{F 690}	the appropriately sized bedpan for Resident#7 was in place on 10/12/2022, 10/14/2022, 10/17/2022, 10/19/2022 and 10/21/2022. The Administrator/designee validated on 10/12/2022 that additional bedpans of assorted sizes were ordered and available to meet resident needs and preferences. Identification of Others: The Director of Nursing/designee audited residents requiring the use of a bedpan for toileting assistance for appropriate size and type to maintain residents' dignity. Any identified concerns were promptly corrected, and care plans revised if applicable. Systemic Changes: The Director of Nursing/designee provided education to licensed nurses and certified nurse's aides on the requirements to assist residents with incontinent cares, providing appropriate equipment to residents for toileting needs, including timely toileting and cares, bedpan if appropriate and sized appropriate for resident comfort and safety, including steps to take if equipment/devices are not available. Education will be included for new hires and agency staff regarding meeting resident needs for incontinent cares. Education will be provided for new hires	

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{F 690}	Continued From page 7 [patient] remains anxious off and on thru out the day. Cont [continent] of B&B [bowel and bladder] . . ." During a resident interview on 10/10/22 at 1:40 p.m., Resident #7 identified she used to have a smaller bed pan, but the staff got rid of it. The resident stated, "Now they put a brief under me. They [staff] tell me to pee in the brief. [It] takes them awhile to come back, then I have to sit here in my mess. Next thing you know, I'll have an infection." The resident further identified the only bed pans offered to her are too tall/thick, and it hurts her back to use them. She stated, "They said they ordered some [smaller bedpans] but where are they?" She stated she thought this happened over a week ago, and she has been using a brief to void in. During an observation on 10/10/22 at 1:52 p.m. two certified nursing assistants (CNAs) (#1 and #2) entered Resident #7's room. The resident identified she needed a brief, and the CNAs placed an incontinence brief under the resident as she lie in bed. The resident stated, "Now when I put my light on, you'll come back right? To clean me up?" A CNA (#2) stated, "I didn't know you wanted to pee. We should have used a bed pan." The resident stated, "I've told you I can't use those bedpans. They hurt my back." The CNAs then left the room without further intervention. Outside of the resident's room, a CNA (#2) stated, "She used to have a smaller one, but the handle broke or it got soiled and needed to be discarded. All we have are these taller gray ones." During an interview on the 10/11/22 at 9:25 a.m.,	{F 690}	and agency staff to include the proper communication channels to inform facility leadership when any equipment/devices are not available. Monitoring: The Director of Nursing/designee will conduct audits on residents with bedpans 2 residents x 5days per week for 4 weeks; then 5 residents weekly for 4 weeks; then 10 residents a month x 3 months. The results of the audits will be reviewed monthly at QAPI to determine compliance and to note any trends. The QAPI committee will recommend any changes based on the results of the audits.	

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{F 690}	Continued From page 8 Resident #7 stated, "I had to use the big bed pan last night. Oh boy, did it hurt. They can never get it in the right spot. The night CNA told me we [staff] can't do that anymore [allow the resident to void in a brief]." The resident further stated she feels like she "can never empty out [her bladder or bowels]" due to the bed pan being uncomfortable. Failure to provide Resident #7 with an appropriate bed pan caused the resident to void in an incontinence brief while in bed, violating her dignity and resulting in avoidable incontinence and discomfort. Refer to F550	{F 690}		
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 separately locked, permanently affixed compartments for storage of controlled drugs	F 761		11/10/22

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F 761	Continued From page 9 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, record review, review of facility policy, review of prescribing information, and resident interview, the facility failed to ensure safe and secure storage of medications for 1 of 1 sampled residents with medications at the bedside (Resident #8) and 1 of 1 medication carts reviewed. Failure to securely store and label medications and properly dispose of controlled medications may lead to medication errors, unauthorized access, and/or drug diversion. Findings include: Prescriber information for the long-acting insulin Tresiba, found at https://www.mynovoinsulin.com/insulin-products/tresiba/home.html, stated, ". . . Instructions for Use . . . Do not use TRESIBA® past the expiration date printed on the label or 56 days after you start using the Pen. . . ." The facility policy titled "Self-Administration of Medications occurred on 10/11/22. This policy, dated 2018, stated, ". . . Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. . . . Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration . . ."	F 761	Corrective Action: Director of Nursing validated that Medications were removed from resident #8s room on 10/10/2022. Administrator validated that lancets and needles were removed form resident #8s room on 10/10/2022. Director of Nursing validated that Resident #12s discontinued medication was removed from the medication cart on 10/10/2022. Identification of Others: Director of Nursing/designee completed full facility medication audit to validate insulin pens were labeled/stored appropriately. Any concerns were promptly corrected. Director of Nursing/designee conducted observational rounds to validate that medications were correctly administered and were not left at bedside unless otherwise appropriately assessed to self-administer with physician order to do so, any concerns were promptly	

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F 761	Continued From page 10 Observation on 10/10/22 at 3:30 p.m. showed two insulin pens, a container of lancets, and a container of insulin needles on a bedside table in Resident #8's room. Observation also showed the Tresiba insulin pen lacked dates identifying when staff opened the pen and when they should discard it. When asked if she self-administers insulin, Resident #8 stated, "No. I think they [staff] just leave them in here because they know I won't mess with them." Resident #8's medical record failed to identify an order or an assessment for self-administration. Observation of the medication cart on the transitional care unit occurred on 10/10/22 at approximately 5:00 p.m. The controlled medication lock box contained a card with oxycodone hydrochloride (a narcotic pain medication) for Resident #12. Review of Resident #12's physician's orders identified a discontinue date of 08/15/22 for the oxycodone (nearly two months prior).	F 761	corrected. Director of Nursing/Designee conducted audits on all medication carts to validate that medications were labeled accurately per physician orders and any medications that were found to be expired or had been discontinued were removed from the cart and stored/disposed of per requirements. Medications were reordered and replaced if applicable. Systemic Changes: The Director of Nursing/designee provided education for licensed nurses on the process of removal of routine expired and discontinued medications from medication carts and steps to take if medication label is not complete/ or missing. Further education will be provided for applicable new hires and agency/contract staff. The Director of Nursing/designee provided education for licensed nurses on the process of writing the open/discard date on insulin pens. Further education will be provided for applicable new hires and agency/contract staff. The Director of Nursing/designee provided education for licensed nurses on appropriate administration of medication regarding self-administration of medication and medication safety on properly securing medication. Further education will be provided for applicable	

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THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR FARGO, ND 58103

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F 761	Continued From page 11	F 761	new hires and agency/contract staff. Monitoring: The Director of Nursing/designee will audit medication carts for expired medications and properly dated insulin pens 3 x week for 4 weeks; then once weekly for 8 weeks; then monthly for 3 months. The Director of Nursing/designee will audit for any medications left inappropriately in resident rooms 10 rooms 3 x week for 4 weeks; then once weekly for 8 weeks; then monthly for 3 months. The results of the audits will be reviewed monthly at QAPI to determine compliance and to note any trends. The QAPI committee will recommend any changes based on the results of the audits.	
F9999	FINAL OBSERVATIONS The complaint investigated in conjunction with the on-site revisit survey was unsubstantiated.	F9999		