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 11/17/2022

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 A second on-site revisit survey, started on 11/16/22 and concluded 11/17/22, was conducted to determine compliance with deficiencies identified during the onsite revisit and complaint survey completed on 10/11/22.	{F 000}		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, record review, review of facility policy, and staff interview, the facility failed to provide effective pain management for 1 of 1 sampled resident (Resident #1) with unavailable pain medications. Failure to ensure the availability of pain medication resulted in Resident #1 experiencing increased, unresolved pain. Findings include: Review of the facility policy titled "Administering Pain Medications" occurred on 11/17/22. This policy, dated 2018, stated, ". . . "Pain management" is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. . . Conduct an abbreviated pain evaluation if there has been no change of condition since	F 697	Corrective Action: The Director of Nursing/designee conducted a pain assessment on 12/8/2022 for Resident #1 to validate that resident has pain controlled with current medication regimen. Director of nursing/designee validated on 12/9/22 that medication for resident #1 was readily available. Identification of Others: The Director of Nursing/designee will validate through resident interviews, observation, and record review that all residents have pain medications readily available as prescribed. Reviews were completed by 12/9/2022. Any identified areas of concern will have physician	12/17/22

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

Electronically Signed | 12/09/2022

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F 697	Continued From page 1 the previous assessment. The assessment may consist of at least the following components: a. Whether pain has improved or worsened since the last assessment; b. The general condition of the resident . . . 6. Administer pain medications as ordered. . . ." Review of Resident #1's medical record occurred on 11/16/22. Diagnoses included chronic pain and diabetic neuropathy (nerve damage). Current medications included Gabapentin (an anticonvulsant sometimes used to treat nerve pain) 200 milligrams (mg) two times a day (BID) and tramadol (a narcotic pain reliever) 50 mg BID. Resident #1's current care plain stated, ". . . I am at risk for pain r/t [related to] debility, lymphedema [swelling in the body tissues], L [left] shoulder pain, neuropathy, anasarca [generalized swelling] . . . Administer analgesia medication as ordered . . ." Review of Resident #1's nurses' notes identified the following: *11/13/22 at 7:52 p.m.: ". . . Resident is alert and oriented x4 and able to make needs known. Resident is in a much better mood and rated shoulder pain 5/10; all pain meds [medications] administered as ordered. . . ." *11/14/22 at 8:14 p.m.: ". . . Resident Reported 6/10 shoulder pain; pain meds administered as ordered. . . ." *11/15/22 at 9:31 p.m.: ". . . Resident C/O [complained of] shoulder pain but couldn't administered tramadol due to the outage; was held per provider orders this evening. . . ." Review of Resident #1's pain scale ratings (1-10) identified a pain score of 7 on 11/15/22 at 8:40	F 697	notification and care plans revisions as applicable. Systemic changes: The Director of Nursing/designee will provide education to licensed nurses on appropriate monitoring for availability and reordering of pain medications, to assure timely delivery of medications, and appropriate steps to take if medication is unavailable, to be completed by 12/16/2022. The Director of Nursing/designee will assure licensed staff have access to emergency medication supply in Cubex for emergency and off-hour pain medication administration by 12/16/2022. Monitoring: The Director of Nursing/designee will conduct observation rounds, interviews, and record reviews, of 5 residents 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly for 2 months to validate that pain medication is readily available to satisfactorily control their pain. Any identified trends will be reported to the Quality Assurance, Performance Improvement committee monthly and as needed.	

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F 697	Continued From page 2 p.m., and a pain score of 8 on 11/16/22 at 11:40 a.m. An interview with Resident #1 occurred on 11/16/22 at 11:05 a.m. The resident stated she had not received her tramadol since yesterday morning (11/15/22). She was supposed to have it on the evening of 11/15/22 and the morning of 11/16/22. She identified the evening nurse (on 11/15/22) told her she did not have a tramadol available for Resident #1 because "they (the medication) did not get ordered." Resident #1 stated she had not received Gabapentin yet either, because she likes to take Gabapentin and tramadol together. Resident #1 stated, "I know they'll say I 'refused' the Gabapentin, but I'm not. I just like to take both of them at the same time." She further stated, "I've been so angry all day. You can tell when the pills are running low. If I forget to order my pills, they say I have dementia. But they [the staff] forget and it's ok." When asked if she was in pain, Resident #1 replied, "Oh, yeah! I was in such pain at therapy [that morning]. It was just torture but I went ahead and did them [her exercises] anyway." She identified she was unable to complete one of her exercises due to her pain. An occupational therapy note, dated 11/16/22, stated, ". . . Pre-Tx [pretreatment] . . . Pain Intensity = 9/10; Frequency = Constant; Location: L shoulder; Pain limits the following functional activities: ADL's [activities of daily living] and transfers; What relieves pain? = Prescribed Medications, Heat; . . . Post-Tx [posttreatment] Pain Intensity = 8/10; Frequency = Constant; Location: L shoulder . . ." During an interview on the afternoon of 11/16/22, an occupational	F 697	Correction Date: 12/17/2022	

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F 697	Continued From page 3 therapy staff member (#3) stated Resident #1 complained of pain during therapy that morning. During an interview on 11/16/22 at 11:50 a.m., a staff nurse (#2) stated she had to call the doctor and have a tramadol dose "released" from the Cubex (an automated medication dispensing system), "so she [Resident #1] has just gotten it and her Gabapentin now." The nurse identified the tramadol did not get reordered soon enough by facility staff. Failure to ensure the availability of Resident #1's scheduled pain medication resulted in the resident experiencing increased, unresolved pain and decreased participation in therapy.	F 697		
F 880 SS=J	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services	F 880		12/17/22

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F 880	Continued From page 4 under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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F 880	Continued From page 5 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference, review of manufacturer's guidelines, and staff interview, the facility failed to ensure appropriate infection control standards during insulin administration for 1 of 1 sampled resident (Resident #2) reviewed for insulin use. Failure to ensure residents do not share insulin pens may result in the spread of bloodborne pathogens. During the on-site revisit survey, the team determined a potential Immediate Jeopardy (IJ) situation existed on 11/16/22 at 4:16 p.m. The IJ situation resulted from record review of Resident #2, who used insulin pens and was noted to have used another resident's insulin pen. This finding placed residents in immediate danger due to incorrect insulin pen use and the potential for the spread of bloodborne pathogens between residents. * 11/16/22 at 6:30 p.m. - The survey team notified the administrator and director of nursing of the IJ situation and requested they develop a plan for removal of the immediate jeopardy. * 11/17/22 at 8:53 a.m. - The facility submitted a written immediate action plan.	F 880	1. Corrective Action The facility will immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of §483.80 for the affected resident(s) identified in the deficiency. The infection preventionist (IP), director of nursing (DON), in conjunction with applicable interdisciplinary team (IDT) members, shall identify and implement a consistent system for ensuring a system for: (1) Ensuring staff have adequate knowledge of insulin administration, including the use of insulin pens and ensuring pens are not shared between residents. (2) Ensuring staff have adequate knowledge of protocols related to potential bloodborne pathogen exposure. 2. Identification of Others	

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F 880	Continued From page 6 * 11/17/22 at 10:31 a.m. - The survey team reviewed and accepted the facility's written plan of correction for the IJ situation. * 11/17/22 at 11:58 a.m. - The survey team removed and reduced the IJ situation from a scope/severity of J to a scope and severity of G. * 11/17/22 at 3:41 p.m. - The State Survey Agency (SSA) notified the regional office of the immediate jeopardy removal. Findings include: Review of the manufacturer's guidelines for the NovoLog FlexPen (a fast-acting insulin), found at https://www.novo-pi.com/novolog.pdf, stated, ". . . WARNINGS AND PRECAUTIONS . . . NOVOLOG® FlexPen®, NOVOLOG® FlexTouch®, PenFill® cartridge, and PenFill® cartridge devices should never be shared between patients, even if the needle is changed. . . . Sharing poses a risk for transmission of blood-borne pathogens. . . ." 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 . . ." Review of Resident #2's medical record occurred	F 880	The IP and DON, in conjunction with the applicable the interdisciplinary team (IDT) members, will review current guidelines from CDC and CMS. The IP, DON and applicable IDT members will evaluate the facility's compliance with the guidelines. The facility will develop action plans to address any newly identified non-compliance. 3. System Changes On or before 12/17/2022 the facility shall complete the following actions: (1) DON, IP, and applicable IDT members will conduct root-cause analysis to identify and address the reasons for non-compliance related to: a. Failure to ensure insulin pens are not shared between residents. b. Failure to follow protocols for post-exposure prophylaxis after potential bloodborne pathogen exposure. Information about root cause analysis can be found at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf (2) The DON, staff development coordinator (SDC), IP or designee, in conjunction with applicable IDT members, will:	

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F 880	Continued From page 7 on 11/16/22. Diagnoses included Type II diabetes mellitus. An assessment for self-administration of medications (SAM), dated 10/12/22, identified Resident #2 as safe to self-administer insulin. Resident #2's nurses' notes identified the following: *11/01/22 at 2:34 p.m.: ". . . Writer went to room 84 [Resident #2's room] because there was some arguing going on between this room and room 83. Writer was told that Nurse gave him the wrong pen, but he still needed another pen to complete his full insulin dose. Nurse stated that incorrect pen was contained in the same bag/location of correct pens for this resident. This writer was notified by resident that he was provided another residents' insulin pen. Resident states that he was given 4 empty pens by overnight nurse and that he took 60 units out of another residents' pen. The medication was the same medication he takes. . . ." *11/03/22 at 12:51 p.m.: ". . . Reason for alert charting: effects from another resident's pen Interventions: monitoring Resident Reaction to Interventions/Response to treatment: res [resident] doing well Pain Management: no c/o [complaints of] pain Improvement/Decline: res is stable . . ." *11/4/22 at 7:51 p.m.: ". . . Reason for alert charting: Medication error Interventions: triple check that it is the right med [medication] and the right resident Resident Reaction to Interventions/Response to treatment: No concerns from resident noted Pain Management: No complaint of pain or discomfort. Improvement/Decline: No decline noted. Resident is the same as before. . . ."	F 880	a. Educate all staff whose job duties include insulin administration on proper insulin administration and post-exposure protocols. To verify staff understand the training, the staff will complete a return demonstration. (3) The facility leadership will contact the North Dakota Quality Improvement Organization (QIO), to inquire about the assistance and services available from the QIO in improving infection prevention and control within the facility through quality assurance process improvement (QAPI) methods. 4. Monitoring Weekly for no less than 12 weeks, the DON, IP, SDC or a designee will conduct on-going monitoring to ensure, via observation, the approaches to correct deficient practice related to infection control and prevention are consistently implemented and effective. Such monitoring will include: (1) Observations of staff administration of insulin. (2) Appropriate follow-up after potential bloodborne pathogen exposure, if applicable. Observations will be made across all shifts and neighborhoods/units. Observations of noncompliance with the	

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F 880	Continued From page 8 The record lacked evidence of further action taken by facility staff (notification of the resident's doctor and representative, investigation of the potential bloodborne pathogen exposure etc.) During an interview on the afternoon of 11/16/22, a managerial nurse (#1) identified staff notified Resident #2's doctor, but the doctor did not order anything further, and the staff did not complete a bloodborne pathogen exposure investigation.	F 880	above will result in ad hoc education for the involved staff. Such education will be documented on monitoring forms. After twelve weeks of monitoring, provided that such monitoring demonstrates expectations are consistently met, monitoring may be reduced to monthly. Monthly monitoring will continue for no less than three months. All monitoring will be reported to the quality assurance process improvement (QAPI) committee as part of QAPI activities. Monitoring will not be discontinued until the facility completes three consecutive rounds of monthly monitoring that demonstrate sustained compliance as approved by the QAPI committee and medical director. 5. Correction Date 12/17/2022	
{F9999}	FINAL OBSERVATIONS The complaint investigated in conjunction with the on-site revisit survey was unsubstantiated.	{F9999}		