North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8069	A. BUILDING: _____ B. WING _____	04/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHMARK AT HARWOOD GROVES	1200 HARWOOD DR S FARGO, ND 58104

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B 000	INITIAL COMMENTS For the announced licensure survey started on 04/20/15 and completed on 04/22/15, the sample included 5 residents for complete review and 1 closed record for review. In addition, the sample included 6 supplemental residents to verify specific concerns during the survey. Tier II citations included B910, B1320, B1540, and B1800.	B 000		
B 910	33-03-24.1-09,1 GOVERNING BODY 1. The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws. This state licensing rule is not met as evidenced by: Based on record review, review of facility policy, and review of the North Dakota Administrative Code (NDAC) Rules, the facility failed to comply with all aspects of Chapter 33-43-01, Nurse Aide Training, Competency Evaluation, and Registry for 1 of 2 sampled residents (Resident #5) with pro re nata (prn/as needed) orders for Ativan (an antianxiety medication) and Morphine (a narcotic pain medication). Failure to determine whether a nursing assessment is needed prior to the administration of a prn medication and properly delegate the administration to medication assistants (MAs) placed Resident #5 at risk of receiving unnecessary or ineffective medications. Findings include:	B 910		

Health Resources Section

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

Karl Dik, Executive Director — 5-8-15

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B 910	Continued From page 1 Review of Chapter 33-43-01-18, Pro re nata medications states: "1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration. 2. Some situations allow the administration of pro re nata medications without directly involving the licensed nurse prior to each administration. a. The decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse. b. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. The written parameters: (1) Supplement the physician's pro re nata order; and (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication." Review of Chapter 33-43-01-19, Medication interventions that may not be delegated states: "The medication assistant I or medication assistant II, or other individual listed on the department's nurse aide registry, may not perform the following acts even if delegated by a licensed nurse: 1. Conversion or calculation to medication dosage. 2. Assessment of client need for or response to medications; and 3. Nursing judgment regarding the administration of pro re nata medications." Review of the facility's medication administration policy identified, ". . . If a PRN medication does not have written specific parameters for an individual's care, the Medication Assistant I is to contact the nurse prior to administering any PRN medication. The nurse will provide assessment and instruction of whether to administer any PRN	B 910	Resident #5's MAR will be adjusted to reflect the individual parameters for PRN medications. All Basic Care residents receiving PRN medications have the potential to be affected by this practice. To prevent future occurrences, the MARs of all residents receiving PRN medications will be checked to verify individual parameters are in place. Education was provided to CMAs on April 30th regarding consultation with an RN for PRN medications and proper documentation. The RN Memory Care Manager will be responsible for ensuring compliance and will conduct an audit of PRN medication documentation monthly for three months.	

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B 910	Continued From page 2 medication without specific parameters provided. . . ." - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease. Current medications included Ativan 0.25 milligrams (mg) every 3 hours prn and Morphine 2.5 mg every hour prn. Review of the resident's medication administration records (MARs) from October 2014 through April 21, 2015 showed Resident #1 received prn Ativan on 11 occasions and prn Morphine on four occasions. Resident #5's medical record lacked evidence of individualized parameters for prn Ativan and Morphine use or a nursing assessment prior to administration. The lack of a nursing assessment and/or individualized parameters placed Resident #5 at risk of receiving unnecessary or ineffective medications.	B 910	If audits indicate compliance, the RN Memory Care Manager will then conduct quarterly audits for three quarters. If necessary, further action will be taken based on results of quarterly audits.	6-7-2015
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note. d. A copy of an initial and current	B1320		

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B1320	Continued From page 3 assessment and care plan. e. Documentation of resident observations by authorized staff. f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs. h. Documentation of review of prescribed diets. i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts. k. Documentation of an annual medication regimen review. l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund. m. Documentation of a fire drill walk-through within five days of admission.	B1320	Residents #6, #11, and #12 were previously discharged and their records were closed. All Basic Care residents have the potential to be affected by this practice. To prevent this from occurring with future discharges, a note will be added to the discharge summary to address disposition of personal effects, money, and/or valuables. All Licensed Nurses will be educated regarding this topic at a nurses' meeting on May 20, 2015.	

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B1320	Continued From page 4 n. All agreements or contracts entered into between the facility and the resident or legal representative. o. A discharge note. This state licensing rule is not met as evidenced by: Based on record review, the facility failed to maintain a complete medical record for 3 of 3 closed record residents (Resident #6, #11, and #12) reviewed. Findings include: Review of Resident #6, #11, and #12's closed medical records occurred on 04/22/15. The records identified the following: *Resident #6: Discharged 12/26/14 *Resident #11: Discharged 10/07/14 *Resident #12: Discharged 11/05/14 The medical records lacked evidence of disposition of the residents' personal effects, money, and valuables.	B1320	To ensure compliance, an audit will be conducted monthly for three months to ensure compliance. If audits indicate compliance, the audits will then be conducted quarterly for three quarters. If necessary, further action will be taken based on results of quarterly audits. The RN Memory Care Manager is responsible for ensuring compliance.	6-7-2015
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws.	B1540		

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B1540	Continued From page 5 c. Properly administered. This state licensing rule is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure proper medication administration for 1 of 5 residents' medication regimes reviewed during medication pass (Resident #10). Failure to ensure accurate transcription of a physician's order resulted in the omission of a dose of eye drops since 02/07/15. Findings include: Review of the facility policy titled "Processing New Orders" occurred on 04/22/15. This undated policy stated, ". . . New Physician's Orders will be accurately processed in a timely manner by licensed staff. . . . Include all information listed on physician order. . . . TID (3x day) = 8 am, 12 noon, and 6 pm. . . ." Review of Resident #10's medical record occurred on 04/20/15. A nurse's note, dated 02/06/15, indicated the resident complained of dry eyes, and facility staff contacted the physician. The physician's order, dated 02/07/14, stated, "Saline eye drops [two] gtts [drops] TID [three times a day] (O.U.) [both eyes]." A hand written entry on the February 2015 medication administration record (MAR) identified, "Saline eye drops one drop in each eye 2x [twice] a day." The March and April 2015 MAR identified, "Artificial Tears Drops Instill 2 drops in each eye twice times [sic] daily." Observation of medication pass with Resident	B1540	The MAR of Resident #10 was corrected to reflect the correct physician's order. All Basic Care residents receiving medication administration services have the potential to be affected by this practice. To prevent this practice from occurring in the future, education will be provided to all Licensed Nurses on May 20, 2015 on medication transcription, triple checks, and rights of medication administration. To ensure compliance, an audit will be conducted monthly for three months. If the monthly audits indicate compliance, audits will then occur quarterly. Further action may be taken based on results of quarterly audits.	

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B1540	Continued From page 6 #10 occurred on 04/20/15 at 2:11 p.m. The MAR identified the administration of artificial tears twice a day; which conflicted with the physician's order which identified three times a day. During an interview on 04/21/15 at 8:42 a.m., a supervisory nurse (#1) verified the transcription/medication error.	B1540	The RN Memory Care Manager is responsible for ensuring compliance.	6-7-2015
B1800	33-03-24.1-18 DIETARY SERVICES 33-03-24.1-18. Dietary services. The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include: This state licensing rule is not met as evidenced by: Based on observation, review of equipment service records, review of the North Dakota Requirements for Food and Beverage Establishments, and staff interview, the facility failed to provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Findings include: North Dakota Requirements for Food and Beverage Establishments, adopted 04/01/12, stated the following: "33-33-04-50. Cleaning frequency of equipment and utensils cleaning and sanitizing." 1. Tableware must be washed, rinsed, and sanitized after each use. 2. To prevent cross-contamination, kitchenware	B1800		

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B1800	Continued From page 7 and food-contact surfaces of equipment must be washed, rinsed, and sanitized after each use and following any interruption of operations during which time contamination may have occurred. 3. Where equipment and utensils are used for the preparation of potentially hazardous foods on a continuous or production line basis, utensils and the food-contact surfaces of equipment must be washed, rinsed, and sanitized before each use with a different type of raw animal food or each time there is a change from working with raw foods and ready-to-eat foods. . ." A dietary tour occurred on 04/20/15 at 10:16 a.m. with a dietary mangement staff member (#2). Observation showed a spray bottle, which the staff member identified as a quaternary solution used to sanitize food preparation surfaces and tabletops. The staff member used a test strip to check the concentration of the solution. The test strip did not produce a color change (indicating a lack of adequate sanitizing agent). The staff member also tested the quaternary solution from the automatic dispenser, which again failed to produce a color change. The staff member identified the chemical company inspected the kitchen monthly and provided the last service record, dated 04/10/15. Athough the service record contained an inspection report of the dish machine, it failed to include evidence of inspection of the quaternary dispenser. The staff member stated they do not keep records of quaternary solution testing, and he believed the last time he checked the concentration was "about 2 weeks ago." Failure to ensure quarternary solution used to	B1800	The automatic dispenser was fixed on April 20, 2015. All spray bottles were re-filled with new quaternary solution to ensure appropriate concentration on April 20, 2015. Test strips were used to verify the appropriate concentration in the dispenser. All Basic Care residents have the potential to be affected by this practice. To prevent this from occurring again, regular testing of the solution from the dispenser will occur on a weekly basis. The results will be recorded. A weekly checklist will be used to ensure compliance.	

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B1800	Continued From page 8 sanitize food preparation surfaces is at an effective concentration may result in cross-contamination and the spread of food-borne illness.	B1800	The Dietary Manager will be responsible for ensuring compliance and will check the testing record weekly for one month. If checks indicate compliance, the checks will occur monthly for three months. If necessary, further action will be taken based on results of monthly audits.	6-7-2015