STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355103	A. BUILDING _____ B. WING _____ FEB 22 2011	02/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS HEALTH CARE INC	483 4TH ST SW FORMAN, ND 58032

(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 For the standard Medicare/Medicaid recertification survey, started on 01/31/11 and completed on 02/02/11, the sample included 2 residents for complete review, 7 residents for focused review, and 1 closed record for review.	F 000		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interview, and family interview, the facility failed to develop and implement individualized activity programs to respond to the interests, and current capabilities of 3 of 5 sampled residents (Resident #1, #3, and #9) dependent on staff to provide a meaningful activity program. Failure to engage residents in activities responsive to their sensory problems/needs, and physical/mental health strengths or deficits has the potential to place residents at risk of isolation and minimize their highest practicable quality of life and overall well-being. Findings include: Review of the facility's scheduled activities calendar indicated the following weekly schedule: * Sundays - 7:30 a.m. Devotions, 2:30 p.m. Movie * Mondays - 9:00 a.m. Rosary, 1:00 p.m. Card Players	F 248		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Carlson, RHA | TITLE: Administrator | (X6) DATE: 02-17-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 248	Continued From page 1 * Tuesdays - 10:00 a.m. Polish and Pamper (manicures), 2:30 p.m. Bible Study * Wednesdays - 10:30 a.m. Church * Thursdays - 10:00 a.m. Games, 2:30 p.m. Bingo or Birthday party of the month * Fridays - 9:00 a.m. Mass, 12:30 p.m. Helping Hands * Saturdays - 2:30 p.m. Bingo Daily activities included: folding towels (when available), news review (12:30 p.m.), and coffee time (2:00 p.m.). - Review of Resident #1's medical record occurred on January 31-February 2, 2011. The medical diagnoses included Alzheimer's disease and depression. Review of Resident #1's activities attendance sheet, dated January 2011, indicated independent activity (unspecified), television, and walking in the halls daily, coffee time 3 times, bingo twice, news review once, games once, special entertainment once, and movies once. Resident #1's most recent activity progress note, dated 12/01/10, stated, "Res [Resident's] wife attended care conf [conference]. Res walks in hallways. Attends Mass, coffee time, talks to himself in mirrors. Dances with staff in hallways. Will sit and watch TV [television] for short times. No longer goes to Rosary, as he wanders away from group act. [activities] after a short time." Resident #1's activities care plan approach, dated 12/01/10, stated, "Invite to scheduled activities. Offer to assist/escort resident to activity functions. Goal: Res. will express satisfaction with type of activities and level of activity involvement when	F 248		

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F 248	Continued From page 2 asked." Observation during the survey included the following: * 01/31/11 - 3:00 p.m., Resident #1 sat in the dining room with no television, music or activity provided. At 3:45 p.m., staff assisted the resident to the bathroom and returned the resident to a recliner in the day room in front of a TV. The resident slept in front of the TV until staff assisted him to the bathroom at 5:00 p.m. Following toileting, staff assisted Resident #1 to the dining room for supper. * 02/01/11 - 7:40 a.m., Resident #1 sat in a chair in his room, wringing his hands, and looking down at the floor. 8:05 a.m., staff assisted the resident to the dining room for breakfast where he remained until 8:40 a.m. when staff assisted him to the bathroom. Following personal cares, the staff assisted the resident to the day room and positioned him in a recliner in front of a TV. 11:00 a.m., the resident wandered the halls. At 11:30 a.m., staff assisted Resident #1 to the dining room for dinner. 12:40 p.m., staff assisted the resident to his room to lie down. No activities were provided to this resident. 4:20 p.m., Resident #1 approached a surveyor and stated, "Where do I go? What can I do?" An unidentified nursing staff member directed the resident to the day room and positioned him in a recliner in front of a TV. An interview with with Resident #1's family members, A and B, occurred on 02/02/11 at 9:30 a.m. Family member A stated, "[Resident #1] was a farmer. That was what his life was about. I don't think enough activities are being done for him. When I come to see him, he's always just standing at the nurses station or wandering the	F 248		

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F 248	Continued From page 3 halls. I think more could be done." Family member B agreed with family member A. - Review of Resident #9's medical record occurred January 31-February 2, 2011. The resident's medical diagnoses included developmental disability and dementia. Review of Resident #9's activity attendance sheet dated January 2011, identified independent activity (unspecified), television, wheeling in the halls daily, church 6 times, games 3 times, parties twice, and movies once. Resident #9's activity progress notes stated the following: * "02/17/10 . . . Res will come to any act. [activity] such as exercise, playing ball, music, news review, church, but needs to be assisted to group. He does not understand where to go unless shown the way. * 07/28/10 Res is brought to act. in wheelchair. He enjoys van rides. He is brought out to group act. such as church, music, news review. * 08/24/10 Res admitted to Hospice. * 10/21/10 Res of Hospice." Resident #9's activities care plan, dated 07/28/10, stated, "Problem: learning disability may keep Res from joining in some group activities. Speech is limited. Approach: Invite and bring/lead Res to group activities . . . Ask yes or no questions . . . bring Res to group act in wheelchair. Goals: Res will have social needs met by attending group act. thru [sic] 1/11." Activity care plan entry, dated 08/24/10, stated, "Res started on Hospice." The activities care plan lacked any further entries. Observation during the survey included the	F 248		

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F 248	Continued From page 4 following: * 02/01/11 - 4:00 p.m., Resident #9 sat in a wheelchair before a television in the day room. 4:22 p.m., Resident #9 slowly propelling his wheelchair through hallways with his feet. 4:30 p.m., staff wheeled the resident into the dining room, pushed his wheelchair up to the table, and locked his wheelchair wheels, where he remained for over an hour, until supper was served at 5:40 p.m. No television, music, or any activity was offered during this time. * 02/02/11 - 8:40 a.m., staff assisted Resident #9 to the bathroom, wheeled him to his room for oral cares, and left the resident seated in his wheelchair in his room with his back to the window and the television off. An interview with an administrative activities staff member (#10) occurred the morning of 02/02/11. The staff member stated Resident #1 liked to walk the halls. "That is his activity." The staff member stated the only activity on Wednesdays was church as that was her day off. The staff member stated no planned one to one activities were held with Resident #1 and #9. She stated she tried to play checkers with the residents, but was unsuccessful. - The medical record for Resident #3, reviewed January 31 - February 2, 2011, identified diagnoses including dementia. A quarterly Minimum Data Set (MDS), dated 12/24/10, identified Resident #3 required extensive assistance with locomotion on and off the unit. Resident #3's activity care plan, dated 12/29/10, consisted of a check list of activities "Resident Enjoys." Approaches (also in a check list format, not individualized) stated, "Invite to scheduled activities. Offer to assist/escort resident to activity	F 248	Documentation forms will be kept in The nursing station and other departments For this purpose. We will work harder to ensure that Scheduled activities are reflected on The calendar and unscheduled activities are posted as they arise Staff educated on the importance of Inviting and encouraging all residents To attend activities and to offer other Forms of activities if resident refuses. QA will be done on activities being offered monthly for six months and quarterly for 2 years. Responsibility ==Activity Director, Administrator, and Reported to Quality Assurance. Committee. Completion date March 9, 2011.	03-09-11

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F 248	Continued From page 5 functions. Staff will assist resident in maintaining social contact with people in the community by helping place calls, write letters, etc." "Activity Progress Notes," dated 12/29/10, stated, ". . . Res [resident] is brought in wc [wheelchair] to act [activity] of choice, such as bingo, music, games, card playing, church and social events. Res often refuses towel folding and bulletins. . . ." The note failed to identify alternative activities offered for Resident #3 if she declined folding towels and bulletins. Observations on the afternoon of 01/31/11 and throughout the day on 02/01/11 identified Resident #3 seated in a recliner in her room, not engaged in an activity. Observation showed no television or radio on in the resident's room. On 02/01/11 at 10 a.m., a certified nursing assistant (#1) stated Resident #3 refused to have a manicure this morning. Review of the February 2011 activity calendar identified no alternative activity available for residents not wishing to have manicures. The facility failed to provide individualized, meaningful activities based on residents' past interests and current abilities. The activity calendar identified limited activities offered for residents not capable of, or interested in, games, manicures, or church related activities. Failure to provide individualized activities and to encourage and assist residents to attend activities could result in residents displaying increased behaviors (including wandering) and symptoms of depression and result in the residents not reaching their highest practicable quality of life and well-being.	F 248	F248 Revise care plans to reflect Individual activity preferences For each resident, based on Information obtained thru Resident interview, family interview, And social history. Care plans will No longer be in a check list format. The activity department will be Responsible to ensure that week end One to one activities are being held and Sheets for low functioning residents are being completed. A Policy and Procedure is being developed for one to one activities. A new charting system is being devised To capture the activities of all residents Thru out the day. Staff In-service held on Feb. 15, 2011 to Reeducate staff on the importance of Charting any one to one visits or activities that staff provide when np activity person is present.	

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F 371 SS=C	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of professional literature, and staff interview, the facility failed to ensure water pitchers dried prior to placing them on a cart for use on 2 of 2 days of survey (February 1-2, 2011) on which observations occurred. Findings include: The 2009 FDA (Food and Drug Administration) Food Code, Public Health Reasons, page 469 states, "Items must be allowed to drain and to air-dry before being stacked or stored. Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow. . . ." A tour of the dietary department occurred on 02/01/11 at 1 p.m. with two administrative dietary staff members (#5 and #6). Observation in the storeroom adjacent to the dietary department identified 32 plastic water pitchers for use in resident's rooms placed upside down on a cart next to the ice machine. Observation showed the	F 371	F371 Dietary Cleans sanitizes and air-dries water pitchers 3x daily. Stainless steel racks have been purchased for carts. Procedures have been implemented. All dietary staff has been in serviced on new procedures for washing, sanitizing, And air drying, and storage of utensils and equipment. Responsibility: Dietary Supervisor. QA one time weekly for one month and quarterly thereafter. Completion date 02-17-11	02-17-11

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F 371	Continued From page 7 pitchers wet inside and pooled water under the rim of each pitcher. When asked, the dietary staff member (#6) stated staff washed the pitchers just prior to the noon meal. The other staff member (#5) stated staff should store the pitchers in a manner to promote drying of the inside of the pitchers. A second observation occurred in the store room on 02/02/11 at 11 a.m. with a dietary staff member (#7). Observation showed 23 plastic water pitchers placed upside down on a cart near the ice machine. Observation identified the pitchers wet inside and pooled water under the rim of each pitcher. The staff member (#7) stated staff washed the pitchers at "about 9:30 this morning." When informed of the wet pitchers (immediately following the observation), an administrative dietary staff member (#6) stated staff should store pitchers so air can reach the inside, such as on a rack.	F 371		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	F 441		

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F 441	Continued From page 8 (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure staff offer residents the opportunity to perform hand hygiene for 2 of 2 residents (Resident #3 and #8) observed performing their own perineal cares. Findings include: - The medical record for Resident #3, reviewed on January 31 - February 2, 2011, identified diagnoses including dementia and arthritis. A quarterly Minimum Data Set (MDS), dated 12/24/10, identified the resident as occasionally incontinent and requiring extensive assistance with toilet use and personal hygiene.	F 441	F441 DON and Infection Control nurse observed cares By C N A' s for residents #3 And #8. On 2-15-2011 an all staff meeting Was conducted. All nursing staff Will be orientated on the new policy And procedure for hand washing. Any nursing staff not in attendance Will receive information and sign Form for responsibility for contents. Hand washing QA form has been implemented. Responsibility: DON and Infection Control Nurse. QA monitor will be monthly for 6 months and quarterly for 2 years. Date of completion Feb. 18	02-18-11

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F 441	Continued From page 9 On 01/31/11 at 3:55 p.m., observation identified two certified nursing assistants (CNAs) (#8 and #9) assisted Resident #3 to the bathroom. Observation showed Resident #3 voided on the toilet, then wiped her perineal area with tissue three times, using new tissue each time. After transferring Resident #3 to her wheelchair, the CNAs (#8 and #9) washed their hands, but failed to offer or assist Resident #3 to wash her hands. - Observation showed two CNAs (#2 and #3) assisted Resident #8 with toileting on 02/02/11 at 10:10 a.m. The CNAs transferred the resident to the toilet and removed Resident #8's incontinent pad, wet with urine. Resident #8 voided on the toilet, then wiped her perineal area with a moist wipe provided by a CNA (#2). The CNAs (#2 and #3) then applied a new incontinence pad to Resident #8's under garment and transferred the resident into her wheelchair. The CNAs removed their gloves and washed their hands. Both CNAs (#2 and #3) failed to provide Resident #8 with an opportunity to wash or use hand sanitizer on her hands. During an interview on the morning of 02/03/11, an administrative nurse (#4) confirmed facility staff should have residents perform hand hygiene after toileting and performing their own perineal cares.	F 441		