| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 8070 | A. BUILDING: _____ B. WING _____ | 08/19/2015 |

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| FOUR SEASONS HEALTHCARE CN INC | 483 4TH ST SW FORMAN, ND 58032 |

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| B 000 | INITIAL COMMENTS<br><br>For the announced licensure survey started on 08/17/15 and completed on 08/19/15, the sample included 5 residents for complete review and 1 closed record for review.<br><br>Tier I findings were identified and attested as corrected at B910. Tier II citations included B1210, B1220, B1230, B1320, and B1540. | B 000 | | |
| B1210 | 33-03-24.1-12,1 RESIDENT ASSESSMENTS/CARE PLANS<br><br>1. An assessment is required for each resident within fourteen days of admission and as determined by an appropriately licensed professional thereafter, but no less frequently than quarterly.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review and policy review, the facility failed to assess 1 of 5 sampled residents (Resident #3) within 14 days of admission and complete a quarterly assessment for 1 of 5 sampled residents (Resident #2). Failure to conduct an assessment, including a review of health, psychosocial, functional, nutritional, and activity status; personal care and other needs; health needs; capability of self-preservation; and specific social and activity interests within 14 days of admission and no less frequently than quarterly does not allow the facility to develop a comprehensive plan of care and limits the ability of staff to meet resident needs.<br><br>Findings include:<br><br>Review of the facility policy titled "Admission | B1210 | B1210 A complete assessment covering review of the following topics: Health, psychosocial, functional, nutritional and activity status; personal care and other needs; health needs and capability of self-preservation; and specific social and activity interests will be completed by September 30, 2015 for resident #3 and resident #2.<br><br>All new admissions to Basic Care are at risk therefore D.O.N. will develop a detailed policy and procedure on new admissions to Basic Care.<br><br>An in-service conducted by D.O.N. will be held on September 9, 2015 to review admission policy and procedure with nurses.<br><br>A Q.A. chart audit will be conducted by D.O.N., MDS coordinator or Administrator monthly X 6 months and then quarterly thereafter for 1 year.<br><br>Date of completion for this POC will be September 30, 2015 | 9-30-15 |

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

Sonya Jang — Administrator

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| B1210 | Continued From page 1<br>Procedure" occurred on 08/19/15. This policy, reviewed/revised 06/01/15, stated, ". . . At Time of Admission: . . . 4. The nursing, dietary, and activity department will complete assessments so FSHCC [Four Seasons Healthcare Center, Inc.] can provide proper care."<br><br>Review of Resident #3's medical record occurred on all days of survey. The facility admitted Resident #3 to the basic care unit on 07/07/15. The resident previously resided in this facility's long-term care unit.<br><br>The nurses' notes showed staff addressed behavior, mood, and psychological response to stress on 07/09/15, but failed to perform a complete assessment of Resident #3's health, psychosocial, functional, nutritional, and activity status; personal care and other needs; health needs; capability of self-preservation; and specific social and activity interests within 14 days of admission.<br><br>Assessments are required no less frequently than quarterly. Staff completed quarterly assessments to coincide with care conferences. Staff held Resident #2's care conferences on 02/11/15, and 06/24/15, greater than four months apart. Staff failed to conduct assessments at least quarterly. | B1210 | | |
| B1220 | 33-03-24.1-12,2 RESIDENT ASSESSMENTS/CARE PLANS<br><br>2. The assessment must be completed in writing by an appropriately licensed professional. The assessment must include:<br><br>a. A review of health, psychosocial, functional, nutritional, and activity status. | B1220 | B1220 A complete assessment covering review of the following topics: Capability of self-preservation, health status related to active resident diagnoses, functional status related to personal hygiene, bathing and dressing and a summary of activities attended for the quarter; along with Health, psychosocial, functional, nutritional and activity status; | |

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| B1220 | Continued From page 2<br><br>b. Personal care and other needs.<br><br>c. Health needs.<br><br>d. The capability of self-preservation.<br><br>e. Specific social and activity interests.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review and policy review, the facility failed to complete a timely and comprehensive quarterly assessment for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and #5). The assessment must include: a review of health, psychosocial, functional, nutritional, and activity status; personal care and other needs; health needs; capability of self-preservation; and specific social and activity interests. Failure to assess all the areas of the quarterly assessment does not allow the facility to adequately address resident needs.<br><br>Findings include:<br><br>Review of the facility policy titled "Charting Guidelines" occurred on 08/19/15. This policy, reviewed/revised 06/01/15, stated, "Policy: It is the policy of FSHCC [Four Seasons Healthcare Center, Inc.] to have residents' charts . . . complete. Procedure: Nurse's Notes: . . . 3. Assessments will be completed on admission and during care conferences. 4. These assessments will include: *Summary charting on E.C.S. [Electronic Computer System] *Fall Risk." The policy failed to include the specific areas (review of health, psychosocial, functional, nutritional, and | B1220 | personal care and other needs; health needs; and specific social and activity interests will be completed by September 30, 2015 for resident #1, #2, #3, #4 and #5.<br><br>All residents of Basic Care are at risk therefore D.O.N. will develop a detailed policy and procedure on complete progress notes.<br><br>An in-service conducted by D.O.N. will be held on September 9, 2015 to review progress note policy and procedure with nurses.<br><br>A Q.A. chart audit will be conducted by D.O.N., MDS coordinator or Administrator monthly X 6 months and then quarterly thereafter for 1 year.<br><br>Date of completion for this POC will be September 30, 2015 | 9/30/15 |

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| B1220 | Continued From page 3<br>activity status; personal care and other needs; health needs; capability of self-preservation; and specific social and activity interests) required to be assessed.<br><br>Review of Resident #1, #2, #3, #4, and #5's medical records occurred on all days of survey. Staff failed to assess the capability of self-preservation for these residents. Failure to assess each resident's capability to evacuate the facility in the event of a fire, disaster, or other emergency with or without staff intervention does not allow staff to develop a plan of care and interventions to ensure the resident's safety.<br><br>Care conference notes for residents who resided at least 90 days in the basic care facility (Resident #1, #2, #4, and #5) addressed areas of social services (mental status, vision, dental, hearing, psych services/meds, behaviors; discharge planning), nursing (pain, sleep, pressure areas, elopement attempts), toileting, vaccines, falls, devices, restorative therapy, code status, activities, dietary, and religion. The quarterly notes failed to consistently address health status related to active resident diagnoses, i.e., hypertension, psychiatric disorders, hypothyroidism, and diabetes/blood sugar control; functional status related to personal hygiene, bathing, and dressing; and summary of activities attended for the quarter. | B1220 | | |
| B1230 | 33-03-24.1-12,3 RESIDENT ASSESSMENTS/CARE PLANS<br><br>3. A care plan, based on the assessment and input from the resident or person with legal status to act on behalf of the resident, must be developed within twenty-one days of the | B1230 | B1230 This cannot be corrected for Resident #3 and resident #6 as this date has already gone by. However moving forward the following will be done on all basic care residents. | |

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| B1230 | Continued From page 4<br>admission date and consistently implemented in response to individual resident needs and strengths.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to develop a care plan within 21 days of admission to the basic care facility for 1 of 5 sampled residents (Resident #3) and 1 of 1 closed record resident (Resident #6). Failure to develop a care plan upon admission to the basic care unit limits staff's ability to provide care consistent with the resident's needs and ensure continuity of resident care.<br><br>Findings include:<br><br>- Review of Resident #3's medical record occurred on all days of survey. The facility admitted the resident to the basic care unit on 07/07/15. Resident #3 previously resided in this facility's long-term care unit.<br><br>Review of Resident #3's care plan showed the facility dated all the problems, approaches, and goals on 08/13/15, 37 days after admission to the basic care unit.<br><br>During an interview on the afternoon of 08/19/15, a nurse administrator (#1) stated the resident's care plan may have been the same care plan from the long-term care unit.<br><br>- Review of Resident #6's medical record occurred on 08/19/15. The facility admitted the resident to the basic care unit from their long-term care unit on 11/18/14. Upon request for Resident #6's initial care plan on admission to the basic care unit, a licensed nurse (#2) stated the | B1230 | D.O.N. will develop a detailed policy and procedure on care planning.<br><br>An in-service conducted by D.O.N. will be held on September 9, 2015 to review care plan policy and procedure with nurses.<br><br>A Q.A. chart audit will be conducted by D.O.N., MDS coordinator or Administrator monthly X 6 months and then quarterly thereafter for 1 year.<br><br>Date of completion for this POC will be September 30, 2015 | 9/30/15 |

North Dakota Department of Health

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| B1230 | Continued From page 5<br>facility used the same care plan from the resident's stay in the long-term care unit. | B1230 | | |
| B1320 | 33-03-24.1-13,2 RESIDENT RECORDS<br><br>2. Resident records must include:<br><br>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.<br><br>b. The licensed health care practitioner's orders and report of an examination of the resident's current health status.<br><br>c. An admission note.<br><br>d. A copy of an initial and current assessment and care plan.<br><br>e. Documentation of resident observations by authorized staff.<br><br>f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility.<br><br>g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional status, psychosocial interactions, and needs.<br><br>h. Documentation of review of prescribed diets.<br><br>i. Transfer forms that are completed, | B1320 | B1320 We will obtain a doctors order, verifying that Resident #1 was appropriately placed in our Basic Care Facility on 4-9-2015.<br>SSD will review all Basic Care admission contracts with resident #1 and<br>An admission nursing assessment will be completed on Resident # 1. These steps will be completed by September 30, 2015.<br><br>We will obtain a doctors order verifying that Resident #3 was appropriately placed in our Basic Care Facility on 7-7-2015.<br>SSD will review all Basic Care admission contracts with resident #3<br>An admission nursing assessment will be completed and an updated plan of care will be completed on Resident #3 by September 30, 2015.<br><br>~~We will obtain a doctors order verifying that Resident #6 was appropriately placed in our Basic Care Facility on 11-18-2014.~~ Per TC with DON on 9/28/15, dl<br>SSD will review all Basic Care admission contracts with resident #6<br>An admission nursing assessment will be completed ~~and an updated plan of care will be completed~~ on Resident #6 by September 30, 2015.<br><br>All new admissions to the Basic Care Facility are at risk; therefore moving forward D.O.N. and Administrator will | |

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| B1320 | Continued From page 6<br>signed, and sent with the resident when transferred to another facility.<br><br>j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts.<br><br>k. Documentation of an annual medication regimen review.<br><br>l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund.<br><br>m. Documentation of a fire drill walk-through within five days of admission.<br><br>n. All agreements or contracts entered into between the facility and the resident or legal representative.<br><br>o. A discharge note.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review, policy review, and staff interview, the facility failed to include the licensed health care practitioner's orders on admission to the basic care unit, an admission note, an initial care plan, and/or all contracts entered into between the facility and the resident or legal representative for 2 of 3 sampled residents (Resident #1 and #3) and 1 of 1 closed record resident (Resident #6) admitted to the basic care unit from the facility's long-term care unit in the past year. | B1320 | review and revise the Resident Record Policy and procedure to include initial and current care plans.<br><br>An In-service will be held on September 9, 2015 to educate staff on updated policy for Resident Records and we will discuss what forms, charting, Dr. orders are needed for an admission to Basic Care.<br><br>A Q.A. chart audit will be conducted by D.O.N., MDS Coordinator, SSD, Infection Control Nurse and / or Administrator monthly for 6 months then quarterly thereafter for 1 year on all new admissions to Basic Care. | 9/30/16 |

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| B1320 | Continued From page 7<br><br>Findings include:<br><br>Review of the facility policy titled "Resident Records" occurred on 08/19/15. This policy, dated 01/23/08, stated, ". . . Procedure: . . . 2. Each record will include: . . . 3. The licensed health care practitioner's orders . . . 4. An admission note . . . 14. All agreement [sic] or contracts entered into between the facility and the resident . . ." The policy failed to require the record include a copy of the initial and current care plan.<br><br>- Review of Resident #1's medical record occurred on all days of survey. The facility admitted the resident to the basic care unit from their long-term care unit on 04/09/15. The record lacked orders, an admission note with time of admission and the resident's status at the time of admission to the basic care unit. The record contained an admission agreement, dated 12/15/14, to the basic care unit even though that was when the facility admitted Resident #1 to the long-term care unit at. The record lacked an updated admission agreement when the facility admitted the resident to the basic care unit on 04/09/15.<br><br>- Review of Resident #3's medical record occurred on all days of survey. The facility admitted the resident to the basic care unit from their long-term care unit on 07/07/15. The record lacked orders, an admission note with time of admission and the resident's status at the time of admission to the basic care unit. The record lacked a copy of the initial care plan.<br><br>- Review of Resident #6's closed medical record occurred on 08/19/15. The facility admitted the | B1320 | | |

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| B1320 | Continued From page 8<br>resident to the basic care unit from their long-term care unit on 11/18/14. Upon request, the facility failed to provide evidence of an admission note, initial care plan, and admission agreement to the basic care unit.<br><br>During an interview on the afternoon of 08/19/15, the administrator (#3) and an administrative nurse (#1) stated the facility has one continuous electronic record for each resident and does not separate long-term care documentation from basic care documentation upon transfer of residents between the units. | B1320 | | |
| B1540 | 33-03-24.1-15,4 PHARMACY/MED ADM SERVICES<br><br>4. All medications used by residents which are administered or supervised by staff must be:<br><br>a. Properly recorded by staff at the time of administration.<br><br>b. Kept and stored in original containers labeled consistently with state laws.<br><br>c. Properly administered.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review and policy review, the facility failed to properly administer medication to 1 of 2 sampled residents (closed record Resident #6) receiving insulin. Failure to administer insulin as ordered or obtain a physician's order to hold the insulin, assess for signs and symptoms of hypoglycemia, and recheck blood sugars as | B1540 | B1540 This cannot be corrected for Resident #6 as the date has passed and we cannot administer the insulin that was held. Nor can we call the doctor to get an order to hold the insulin.<br><br>All diabetic residents residing in our Basic Care facility are at risk therefore the D.O.N. will develop a Policy and Procedure on what to do when holding insulin.<br><br>On September 9, 2105 an in-service will be held with the nurses to educate them on the Policy and Procedure for holding insulin and when to re-check blood sugars.<br><br>A Q.A. will be done by D.O.N. or the Infection Control Nurse 1 time a month for 6 months and then thereafter for 1 year | |

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| B1540 | Continued From page 9<br>indicated does not allow for timely adjustments to treatment, has the potential to result in poorly controlled diabetes, and places all diabetic residents at risk for harm.<br><br>Findings include:<br><br>Review of the facility policy titled "Checklist for Taking Blood Sugars" occurred on 08/19/15. This policy, dated 07/15/15, stated, ". . . 14.) Watch and report s/sx [signs/symptoms] of hypo/hyperglycemia. . . ."<br><br>Review of Resident #6's closed medical record occurred on 08/19/15. An order on the Treatment Administration Record included:<br>* 06/26/14 - ". . . Dietician requests if blood sugar is below 70 give 4 oz. [ounces] Orange juice and 8 oz. Milk be given . . ."<br>Physician orders included:<br>* 09/01/14 - "[NovoLOG FlexPen] Insulin . . . 6 unit daily [5 p.m.] . . . discontinued 12/08/14 "blood sugars have been running low overnight"<br>* 11/11/14 - "Blood Glucose Checks four times a day [1 a.m., 5 a.m., 7 a.m., and 8 p.m.] . . . Indication: (Insulin Dependent Diabetes Mellitus) Notify physician if blood sugar > [greater than] 500"<br>* 11/18/14 - "[NovoLOG FlexPen] Insulin . . . 10 unit daily [6 a.m.]" changed to daily at 8 a.m. on 12/10/14<br>* 11/21/14 - "[NovoLOG FlexPen] Insulin . . . 14 unit daily [12 p.m.]"<br><br>Review of Resident #6's nurses' notes included the following blood sugar results in milligrams/deciliter and nursing actions:<br>* 12/03/14 at 5:15 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Low blood sugar . . . Blood Sugar Result: 89" | B1540 | to insure that Policy and procedure for holding insulin is being followed.<br><br>Date of completion for this will be September 30, 2015. | 9/30/15 |

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| (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) COMPLETE DATE |
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| B1540 | Continued From page 10<br>* 12/04/14 at 5:45 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Low blood sugar . . . Blood Sugar Result: 145"<br>* 12/05/14 at 12:57 a.m. - "61"<br>* 12/05/14 at 5:50 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Blood Sugar Result: 83"<br>* 12/06/14 at 5:20 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Low blood sugar . . . Blood Sugar Result: 133"<br>* 12/06/14 at 5:54 a.m. - "accepted med after earlier refusal"<br>* 12/07/14 at 9:27 p.m. - "68"<br>* 12/08/14 at 2:39 a.m. - "47"<br>* 12/08/14 at 5:24 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Low blood sugar . . . Blood Sugar Result: 104"<br>* 12/08/14 at 12:32 p.m. - "fax sent to [name of clinic] regarding blood sugars and insulin dosage . . . will await response"<br>* 12/09/14 at 6:05 a.m. - "Held [NovoLOG . . . 10 unit] Insulin . . . Low blood sugar . . . Blood Sugar Result: 78"<br>* 12/10/14 at 12:36 p.m. - "fax sent to [name of clinic] regarding insulin and blood sugars . . . awaiting results"<br><br>The record lacked evidence of an assessment for hypoglycemia or a recheck of a low blood sugar after interventions were given. The record lacked evidence of notification of the physician prior to holding insulin, from 12/03/14 until 12/08/14. | B1540 | | |