DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355115	A. BUILDING _____ B. WING _____	C 09/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARRISON MEM HOSP NSG FAC	407 3RD AVE SE GARRISON, ND 58540

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification and complaint survey started on September 2, 2014 and completed on September 4, 2014 the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review.	F 000	F TAG 241 It is the intent of Garrison Hospital Nursing Facility to maintain and enhance the resident's dignity, and be respectful of their individuality.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain or enhance resident dignity for 1 of 1 sampled resident (Resident #3) dependent on staff for personal cares and during 2 of 3 observations of meals (noon and evening meals on 09/03/14). Failure to speak respectfully about a resident during personal cares may result in decreased self-esteem and self-worth. The use of disposable dishware during meal service does not enhance the dining experience or promote a home-like atmosphere. Findings include: - Observation of personal cares provided to Resident #3 occurred on 09/02/14 at 3:25 p.m. Two certified nursing assistants (CNAs) (#1 and #2) checked the resident's brief as she lie in bed. One CNA (#1) stated, "She was just checked an hour or so ago." The other CNA (#2) replied, "Ya,	F 241	1) •Careplan of resident #3 was changed to reflect the use of toddler size spoon while eating to accommodate the smaller portion size to prevent choking. (Exhibit A) •Following exit conference of survey all plastic and styrofoam dishes were removed from service. 2) •All residents that require assistance with their personal cares and feeding may be affected by this type of practice. •Following exit conference of survey all plastic and styrofoam dishes were removed from service. 3)•Education will be completed for all staff on Sept 22nd, a review of the Resident Rights policy (Exhibit B-1 & B-2) will be done with regards to language used when in a resident's room, paying close attention to whether or not a	

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

Administrator 9/18/14

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 241	Continued From page 1 she's poopy again." Observation showed Resident #3 was incontinent of stool and also showed Resident #3's roommate present in the room. - Observation during the noon and evening meals on 09/03/14 showed staff assisted Resident #3 to eat her meals with a plastic, disposable spoon. - Observation of the noon meal on 09/03/14 showed salad served to residents in styrofoam bowls. - Observation during the evening meal on 09/03/14 showed cranberry sauce served to residents in plastic, disposable medication cups. During an interview on the morning of 09/04/14, an administrative nurse (#3) agreed staff should speak about residents respectfully.	F 241	roommate may hear what is being said, and to be respectful of the resident when addressing them especially during personal cares to maintain dignity and self-worth. This should be done for all residents irregardless of their cognitive status. •Removal of items done on 9/4/14. Dietary, nursing, and activities staff were educated of new procedures to follow for meal and snack service 9/4/14 and 9/5/14 and will be reviewed again with dietary staff at mandatory meeting scheduled for 9/24/2014. A new	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide the necessary care and services to prevent aspiration for 1 of 1 sampled resident	F 309	policy has been established regarding use of disposable dishware. (Exhibit C).A reminder of this new policy has been posted in dietary and in the nursing facility kitchenette and activities room. 4) •A QA study will be completed for 5 months with random observations on all shifts of personal cares being observed. (Exhibit D) Also will do a careplan review the first of the month for all residents using a toddler size spoon for feeding during this 5 month period of time. During this study	

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F 309	Continued From page 2 (Resident #3) receiving thickened liquid. Failure to specify the consistency of liquids and provide thickened liquids for drinking placed Resident #3 at risk for aspiration pneumonia and resulted in choking/coughing episodes. Findings include: Review of the facility policy titled "Thickened Liquids and Dysphagia Products" occurred on 09/04/14. This policy, dated 2011, stated, ". . . Individuals requiring thickened liquids as recommended by the speech language pathologist (SLP) and ordered by the physician should be served liquids in a form to minimize risk of choking and aspiration. . . . The following consistencies may be ordered based on individual needs: Thin . . . Nectar-like . . . Honey-like . . . Spoon thick . . . Follow manufacturer's instructions when using thickening agents . . . to provide the ordered consistency of liquids. . . ." Review of Resident #3's medical record occurred on all days of survey. Diagnoses included Alzheimer's, diverticulum of esophagus (a pouch in the esophagus that often results in dysphagia [difficulty swallowing]), and a history of aspiration pneumonia. A speech therapy evaluation, dated 07/29/13, identified the SLP conducted a clinical evaluation related to Resident #3's swallowing difficulties. The SLP recommended that a modified Barium swallow evaluation be conducted, and if no further evaluation was done, staff should attempt various consistencies. The record lacked evidence of further swallowing evaluations after 07/29/13.	F 309	the first month will consist of a minimum of 2 observations daily at random times on all shifts. Any corrective actions will be done at the time of the observation by in time training and/or education. For the next 4 months random observations will be completed at random times of the day on all shifts, for a minimum of 20 observations a month. This information will be taken to the Hospital QA Committee for review and further recommendations on a quarterly basis. This QA will be completed by the Nursing Facility Unit Manager •A QA will not be required as the use of disposable dishware will only be allowed in the situations outlined in the new policy. (Exhibit C) 5) Date of correction will be September 24, 2014. F Tag 309 It is the intent of Garrison Hospital Nursing Facility that residents	9/24/14

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F 309	Continued From page 3 A dietary progress note, dated 08/08/13, stated, ". . . [Resident #3] is being trialed on various consistencies of food [and] beverage per recommendation of SLP due to a recent decline in dementia [and] [increased] difficulty in chewing [and] swallowing producing increased risk of choking. [Nursing] staff will communicate [with] dietary staff on texture changes [and] tolerance. . . ." A physician's order, dated 10/05/13, stated, "Thicken Liquids with Thick-It [a powder used to thicken beverages]." The order failed to identify a consistency for the liquids. A provider's progress note, dated 03/26/14, stated, ". . . She has had problems with recurrent pneumonia which is in relation to aspiration. . . ." A monthly summary, dated 04/23/14, stated, ". . . Con't [continues] to choke easily, liquids con't to be thickened [and] coughs less. . . ." Observation of the evening meal on 09/02/14, the noon meal on 09/03/14, and the evening meal on 09/03/14 showed staff poured a thickening agent into Resident #3's juice, but did not measure the thickener. Observation throughout the survey showed the water in Resident #3's room was not thickened. Observation on 09/03/14 at 2:15 p.m. showed a certified nursing assistant (CNA) (#5) offered Resident #3 several sips of water after completion of personal cares. Observation showed the water was unthickened, and Resident #3 cleared her throat after taking a sip.	F 309	receive the necessary services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. 1) An order was written on 9-5-14 by Dr. Dornacker: Honey Thick Liquids for resident #3. (Exhibit E) The careplan of resident #3 was updated to reflect the honey thick liquids. (Exhibit A) 2)All residents with Dysphagia who have to be fed have the potential to be affected by this practice. 3)A new policy was written: Dysphagia Diets and Liquids (Exhibit F-1 & F-2) Education will be conducted on September 22 at an all staff meeting. We will review the new policy and do a study guide on Thickened Liquids done by Ensure and one by Reinhart. (ExhibitG-1, G-2, G-3, G-4, & G-5) 4)A QA study will be completed for a 3 month time frame on observations of the appropriate thickness being used with meals	

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F 309	Continued From page 4 Observation on 09/03/14 at 3:58 p.m. showed a CNA (#5) offered Resident #3 unthickened water after assisting her with personal cares. Resident #3 began coughing after taking several sips, and the CNA (#5) stated, "Guess that's enough [water]," as she put the water away. Observation on 09/04/14 at 11:05 a.m. showed Resident #3 seated in the dining room drinking a glass of juice. The juice appeared unthickened, and the Resident began coughing after taking several sips. During an interview on 09/04/14 at 1:03 p.m., a CNA (#6) stated she added thickener to the juice, but it "takes awhile to thicken," and "it probably hadn't sat long enough." The CNA also stated they do not measure the thickener, and she was unsure what consistency Resident #3's juice was supposed to be. Failure to determine the appropriate consistency of Resident #3's liquids through assessment and evaluation and failure to offer thickened fluids on a consistent basis resulted in repeated coughing/choking episodes and may result in aspiration pneumonia.	F 309	and with the water pitchers in the resident room. (Exhibit H) This study will be done on the day and evening shifts with meals and water passes. 20 observations for the first month will be completed, and randomly 10 observations per month will be completed for the following 2 months. This information will be taken to the Hospital QA committee for further recommendations as needed. This QA will be completed by the Nursing Facility Unit Manager. 5) Date of correction will be September 22, 2014. F Tag 315	9/22/14
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder	F 315	It is the intent of Garrison Nursing Facility to ensure that residents who do not have an indwelling catheter receive the necessary services to prevent urinary tract infections. 1) Resident #3 has been monitored since the survey was conducted. She remains afebrile, alert, urine is always concentrated due to poor	

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F 315	Continued From page 5 function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure appropriate care and services to prevent urinary tract infections (UTIs) for 1 of 1 sampled resident (Resident #3) dependent of staff for toilet use and personal hygiene. Failure to perform proper perineal care after bowel incontinence placed Resident #3 at risk for UTIs. Findings include: Review of the facility policy titled "Peri [perineal] Care" occurred on 09/04/14. This policy, revised August 2008, stated, ". . . PURPOSE: To cleanse the perineal area of body fluids in a manner that will maintain the residents right to privacy, odor control, and prevent infections. . . . PROCEDURES FOR PERI-CARE: . . . 2. Clean pubic area and inside thighs. 3. Using another fold of the wash cloth, clean the buttock and anal area. 4. Always clean from front to back from least soiled to heavy soiled. . . ." Review of Resident #3's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease and a history of UTIs. The current Minimum Data Set (MDS), dated 07/25/14, identified total dependence on two or more people for toileting and personal hygiene, and bowel and bladder incontinence. Observation on 09/02/14 showed two certified nursing assistants (CNAs) (#1 and #2) checked and changed Resident #3's brief as she lie in bed.	F 315	intake. Does not appear to have any signs or symptoms of a UTI. She remains as a hospice patient at this time. 2) All residents who require assistance from the nursing staff with peri cares are potentially at risk to be affected by this type of practice. 3) Staff education will be completed on Sept 22 at an all staff meeting. A review of the policy (Exhibit I-1 & I-2) and a skills worksheet (Exhibit J) will be done. 4) A QA program will be conducted over the next 5 months which will include an observation of all CNA staff completing the Skills worksheet (Exhibit J). Once all staff have completed the skills worksheet, a study will be completed with random observations of peri cares being done until the 5 month time frame is completed. The information will be submitted to the Hospital Quality Assurance Committee for further recommendations as needed. This QA will be completed	

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F 315	Continued From page 6 Resident #3 was incontinent of bowel and bladder. The CNAs turned Resident #3 on her right side, and the CNA (#1) provided perineal care using a disposable wipe, cleaning from the resident's buttocks to her front perineal area. The CNA made several wiping motions, moving from back to front, with stool visible on the wipe. During an interview on the morning of 09/04/14, an administrative nurse (#3) agreed staff should wipe from the front perineal area to the back.	F 315	by the Nursing Facility Unit Manager. 5) Date of correction will be September 22, 2014.	9/22/14
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility menus, and staff interview, the facility failed to meet the nutritional needs of the residents by serving incorrect portion sizes during 2 of 2 observations of tray line (noon and evening meals on 09/03/14). Failure to follow recommended portion sizes as outlined in the facility's menus may result in weight loss and/or inadequate nutritional intake for all residents. Findings include: Observation of tray line occurred on 09/03/14 at 11:10 a.m. with the following inconsistencies	F 363	F Tag 363 1) It is the intent of Garrison Hospital Nursing Facility to meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board. 2) All residents had the potential to be affected by this practice. 3) Dietary staff education on portion control for our menus will be conducted at a mandatory staff meeting 9/24/14. 4) A QA will be conducted randomly to monitor staff for compliance with proper portion control for a total of 5 months. For the first month observations will be completed at random meal times for a minimum of 20 observations. For the next 4 months observations	

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F 363	Continued From page 7 noted between portion sizes listed on the facility's menus and the actual amount served to residents: *Mashed potatoes served with a 3 ounce (oz) scoop (the menu identified 4 oz) *Green beans served with a 3 oz spoodle (the menu identified 4 oz) *Mechanical soft meat served with tongs (not measured, the menu identified 3 oz) *Lettuce salad served with tongs (not measured, the menu identified 8 oz) Observation of tray line occurred on 09/03/14 at 5:03 p.m. with the following inconsistencies noted between portion sizes listed on the facility's menus and the actual amount served to residents: *Creamed peas served with a 3 oz spoodle (the menu identified 4 oz) *Cooked carrots served with a 3 oz spoodle (the menu identified 4 oz) *Bread dressing served with a 3 oz scoop (the menu identified 4 oz) During an interview on the morning of 09/04/14, a supervisory dietary staff member (#4) verified staff should serve residents the portion sizes identified on the menus.	F 363	will be completed at random mealtimes for a minimum of 10 observations per month. In time training will be done for inaccurate practice. (Exhibit K). This QA will be completed by the Dietary Manager. 5) Date of correction will be September 24, 2014.	9/24/14
F9999	FINAL OBSERVATIONS Based on observation, record review, and staff interview, the complaint investigated in conjunction with the standard Medicare/Medicaid survey was not substantiated.	F9999		