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 _____	09/05/2013

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 survey started on 09/03/13 and completed on 09/05/13, 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 278 Garrison Memorial Hospital has a registered nurse who will conduct and coordinate each assessment with the appropriate healthcare professional to determine that documentation correctly reflects the resident's medical, functional, and psychosocial problems. 1) The corrective action for the resident affected by the practice will be a significant correction to a MDS completed by Social Services. Submitted on 9/12/13. There was not a change in the RUG category with this correction. 2) All residents have the potential to be affected by this type of deficient practice as the all have MDS's completed a minimum of quarterly. 3) CNA's will be notified by the MDS nurse/Social Services when the start date is for the 2 week assessment period for the MDS process. A memo will go out on Care Tracker for all staff to alert	
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.	F 278		

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

Todd Bruder | Administrator | 9/19/2013

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F 278	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (Version 3.0), the facility failed to ensure the Minimum Data Sets (MDSs) accurately reflected a residents' status for 1 of 1 sampled resident (Resident #4) coded for delusions. Failure to code the MDS correctly does not provide an accurate assessment of a resident's current status and needs. Findings include: The Long-Term Care Facility RAI User's Manual, May 2013, pages E-1 and E-2, (Behavior), stated, "Definitions: Delusion: A fixed, false belief not shared by others that the resident holds even in the face of evidence to the contrary. . . . Steps for Assessment: . . . When a resident expresses a clearly false belief, determine if it can be readily corrected by a simple explanation of verifiable (real) facts (which may only require a simple reminder or reorientation) . . . The resident's response to the offering of a potential alternative explanation is often helpful in determining whether the false belief is held strongly enough to be considered fixed." Review of Resident #4's medical record occurred on September 03-04, 2013. A quarterly MDS, dated 06/28/13, identified the resident had highly impaired vision and experienced delusions during the seven day assessment period. During an interview on the afternoon of 09/04/13, an administrative staff member (#1) agreed the	F 278	them when the MDS Assessment period start. A notification board was hung in the CNA lounge to alert staff to those residents that are currently being assessed for the MDS process. Education will be completed at the next all staff meeting held Oct 7th, 2013. 4) A QA process will be initiated to monitor the appropriateness of the MDS Assessments to ensure that what is documented on the MDS correctly reflects the Residents current status. A study will be conducted on 50% of all MDS's completed for 2 months, then 10% of all MDS's for 2 months, then 4 MDS's for 2 months. The results of the studies will also include in-time training for any corrections necessary. Corrections will be done. This monitor will be completed by the Social Worker and MDS coordinator. Report will be submitted to the Hospital QA committee for further recommendations if required. (Exhibit A)	

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F 278	Continued From page 2 medical record failed to show Resident #4 experienced any delusional thoughts during the assessment period.	F 278	5) Date of correction will be Oct 10th, 2013.	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a drug regimen free from unnecessary medications for 1 of 1 sampled resident (Resident #1) receiving as needed	F 329	F TAG 329 Garrison Memorial Hospital Nursing Facility will attempt to use non-pharmacological interventions prior to using psychoactive medications, to ensure that residents will not receive unnecessary medications. 1) Resident #1 has the new PRN Sheet (Exhibit B) to identify the interventions tried prior to using risperdal as a PRN medication. 2) Any resident that has PRN Psychoactive Medications ordered are at risk for being affected by this type of deficient practice. 3) A new PRN sheet (Exhibit C) was developed to identify non-pharmacological interventions tried prior to administering psychoactive	10/10/13

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F 329	Continued From page 3 (PRN) psychoactive medications without adequate indications for use. Failure to attempt non-pharmacological interventions prior to the administration of psychoactive medications may have resulted in Resident #1 receiving unnecessary medications. Findings include: Record review for Resident #1 occurred on September 3-4, 2013. The facility admitted the resident on 05/23/13 with diagnoses which included Alzheimer's dementia with behavioral problems and agitation. Physician's orders indicated Resident #1 had a PRN order for Ativan (an antianxiety medication) 0.5 milligrams (mg) every 4-6 hours from admission until discontinued on 06/12/13. On that date, the physician ordered PRN Risperdal (an antipsychotic medication) 0.25 mg to 0.50 mg every 6 hours. The physician discontinued the PRN dose of Risperdal on 08/07/13. Review of the PRN Medication Record identified facility staff administered the PRN Ativan 34 times from 05/23/13 to 06/12/13. The PRN Medication Record showed staff administered the PRN Risperdal 14 times from 06/12/13 to 08/07/13. The reasons for administration of both medications were identified as agitation and/or restlessness. Review of the Nursing Notes from 05/23/13 through 08/07/13 identified only four references to staff attempting non-pharmacological interventions prior to the administration of the Ativan or Risperdal. During interviews with an administrative staff nurse (#2) on the afternoon of 08/03/13 and again on 08/04/13, this staff member indicated there	F 329	medications. Nursing will chart what interventions were used prior to medication administration. Nursing will be instructed on the use of the new form at the next all staff meeting held on Oct 7th, 2013. A new policy will be inserviced at the Oct 7th, 2013 meeting on this issue. (Exhibit D) 4) A QA process (Exhibit E) will be conducted for 6 months, monitoring the PRN sheets for appropriate use and documentation of interventions used prior to using psychoactive medications. In-time training will occur when practice is deficient and results will be reported to staff meetings and taken to the Hospital QA Committee for further recommendations. This monitor will be completed by the Nursing Facility Unit Manager. 5) Completion date of Oct 10th, 2013.	10/10/13

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F 329	Continued From page 4 may be information in the behavior charting to indicate alternative interventions attempted by staff prior to administration of medications for agitation or restlessness. Review of the Behavior Interventions Analysis Chart for 05/23/13 through 09/04/13 identified a total of seven behavioral episodes (wandering: once; verbally abusive: twice; and socially inappropriate/other: 4 times) when staff attempted non-pharmacological interventions. From 05/23/13 through 08/07/13, Resident #1 received a PRN psychoactive medication 48 times. Facility staff failed to consistently attempt non-pharmacological interventions prior to administration of the medication, which placed Resident #1 at risk of receiving unnecessary medications and experiencing adverse drug effects.	F 329		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 431	F TAG 431 Garrison Memorial Nursing Facility in accordance with State and Federal Laws, will store all drugs and biologicals in a locked medication cart and permit only authorized personnel to have access to the keys. During the medication pass, medications must be under the direct observation of the person administering the medication.	

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F 431	Continued From page 5 In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility procedure, and staff interview, the facility failed to store all medications in a secure manner during 1 of 2 days of observation (09/03/13). Failure to store all medications securely could result in unauthorized access to medications. Findings include: Review of the facility policy titled "PROCEDURE FOR PASSING MEDICATIONS" occurred on 09/04/13. This undated policy stated, ". . . The cart [medication cart] is to be locked at all times except when the nurse is right at the cart dispensing medications . . . If the nurse leaves the med [medication] cart unattended for any reason, it must be locked and no medications left on top of the cart . . . The nurse will prepare the	F 431	1) There were no residents directly affected by this practice. 2) All residents have the potential to be affected by this deficient practice, especially those that wander throughout the facility per self. 3) Education was conducted at a staff meeting on Monday, Sept 9th (Exhibit F) where a review of the State Survey was done by the DON. This will be reviewed again at the Oct 7th staff meeting. Nursing is aware of the deficient practice and a QA study will be conducted. 4) A QA study (Exhibit G) will be conducted for 6 months monitoring the locking of the medication cart when not attended or in visual site of the person passing medications. Monitoring will be done 3 times per week throughout the 24 hour period. This will be done for one month, then 2 times per week on all 3 shifts for 1 month, then weekly for 1 month, then randomly for 3 months on all shifts. In-time	

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F 431	Continued From page 6 medications, lock the med cart and take the medication to the patient . . ." Observation on 09/03/13 from 1:35 p.m. to 5:20 p.m. showed two medications carts located at the nurses station and an inhaler and three different eye drop medications on top of one of the carts. A nurse (#3) administered medications from one of the carts to a number of residents, either in their rooms or in another location of the facility. The nurse (#3) left the medication cart unattended and failed to lock the cart. During an interview on 09/04/13 at 5:05 p.m., an administrative nurse (#4) stated she would expect the staff to store all medications in the cart and lock the cart when unattended.	F 431	training will be done if carts are not locked appropriately. This monitor will be completed by the Nursing Facility Unit Manager. All results will be reported to the Hospital QA Committee for further recommendations. 5) Completion date of Oct 10th, 2013.	10/10/13