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 _____	11/07/2017

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 November 6, 2017 and completed on November 7, 2017, 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 156 SS=D	NOTICE OF RIGHTS, RULES, SERVICES, CHARGES CFR(s): 483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an	F 156		12/12/17

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

Electronically Signed | 11/22/2017

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F 156	Continued From page 1 assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning	F 156		

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F 156	Continued From page 2 November 28, 2017 (Phase 2)] (iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)] (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)] (v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)] (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives: (i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law	F 156		

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F 156	Continued From page 3 provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and (ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community. (g)(13) The facility must display in the facility written information, and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. (g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. (ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and	F 156		

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F 156	Continued From page 4 obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; (g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section. (g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide	F 156		

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F 156	Continued From page 5 notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on review of the facility's Mandatory Denial Notices and staff interview, the facility failed to confirm whether a resident or their responsible party requested a demand bill for 1 of 4 residents (Resident #2) issued a notice of non-coverage of Medicare services. Failure to confirm a resident, or their responsible party, requested a demand bill is a violation of resident rights.	F 156	It is the intent of the CHI St. Alexius Health Garrison Nursing Facility to comply with F tag 156 Notice of Rights, Rules, Service, charges. 1. Resident # 2 received a Medicare notice SNR Determination on Continued Stay from the utilization review coordinator on 1/11/2017, it was	

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F 156	Continued From page 6 Findings include: Review of Medicare denial notices occurred on 11/07/17 at 1:50 p.m. with the social worker (#3). Review of Resident #2's denial notice, dated 11/01/17, lacked an indication if the resident requested a demand bill or not. The staff member (#3) stated, "I will go talk to her now." During an interview at 2:05 p.m. on 11/07/17, the social worker (#3) reported Resident #2, at this time, requested a demand bill. The request for the demand bill occurred seven days after the resident originally signed the form, which indicated Medicare coverage would end 11/03/17, and therefore occurred after the Medicare coverage ended.	F 156	discovered that Resident # 2 had not indicated a choice on page 2 of whether she wanted or did not want the bill for services submitted to the intermediary. The Licensed Social Worker (LSW) visited with the resident to present two options. The resident at that time chose to have her bill for services submitted to the intermediary for a Medicare decision. The resident marked an X by option A and initialed it. The billing office was immediately notified of her choice. The SNF Determination on Continued Stay for that resident was considered corrected at that time. 2. All residents who are Medicare eligible have the potential for being affected by this deficient practice. 3. As part of the corrective plan for all residents that are Medicare eligible, an audit of each chart will be completed by the LSW, or designee. 4. A Quality Assurance study will be completed on all residents that are admitted who are Medicare eligible for one year. They will be monitoring the completeness and accuracy of the admission paperwork. This Study will be conducted by Social Services. 5. The date of correction will be Dec. 12, 2017. An all staff meeting was held on Nov. 13, 2017 to go over the survey results and review of deficiencies sited at the exit interview. All results from the QA	

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F 156	Continued From page 7	F 156	study will be taken to our quarterly QA meetings for any recommendations. The next QA meeting is in Jan of 2018. CHI St. Alexius Health Garrison reports to CHI Quality and Values committee which also meets quarterly, and they can make recommendations.	
F 325 SS=D	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE CFR(s): 483.25(g)(1)(3) (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- (1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; (3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to implement appropriate interventions and adequately reassess the nutritional status for 1 of 1 sampled resident (Resident #1) who experienced weight loss. Failure to meet the residents' nutritional needs through diet,	F 325	It is the intent of CHI St. Alexius Health Garrison Nursing Facility to comply with F tag 325 Maintain Nutrition Status unless unavoidable. 1. A recommendation was obtained for fortified cereal on 11/8/17 for resident # 1.	12/12/17

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F 325	Continued From page 8 supplements, or other interventions may have contributed to the resident experiencing weight loss. Findings include: Review of the facility policy titled, "Garrison Memorial Hospital Nursing Facility Nutrition Policy/Procedure" occurred on 11/07/17. This policy, undated, stated, ". . . To maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrated that this is not possible and received a therapeutic diet when there is a nutrition problem. . . . A careplan for weight management will be done on admission and addressed as weight changes indicate. . . . Resident will be monitored regularly for undesirable weight loss parameters . . ." Review of Resident #1's medical record occurred November 07-08, 2017. Diagnoses included dementia with behavioral disturbance and schizophrenia. The current care plan stated ". . . showing weight loss . . . resident to show no further weight loss . . . offer food when resident awake during the night and thinks it is meal time. . . . 8 ounce high calorie supplement bid [twice per day] . . . encourage her to attend meals. Needs encouragement to eat lunch and dinner . . . weights weekly . . . " Review of Resident #1's weight record identified the following: 07/06/17 - 135 [lbs.] pounds 07/13/17 - 135 lbs. 07/20/17 - 123.6 lbs. 07/27/17 - 132.6 lbs.	F 325	Care plan was updated to reflect new recommendations on 11/8/17. The dietitian updated her nutritional assessment on 11/16/17. 2. All residents who are admitted to our facility have the potential for being affected by the deficient practice. 3. A new communication form was developed for use by the dietitian to communicate any changes or recommendations to the dietary manager. The dietary manager is responsible to update care plans with dietician□s changes and recommendations. The Dietary manager is responsible to communicate changes and recommendations in resident□s diet to the dietary staff. This will be accomplished by posting the communication form from the dietitian in the dietary window for staff to review. Orders and care plans for all residents were reviewed and updated. 4. A Quality Assurance audit will be competed on all communication forms and care plans monthly x 6 months. 5. The date of correction will be Dec. 12, 2017.	

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F 325	Continued From page 9 08/03/17 - 132.6 lbs. 08/10/17 - 133 lbs. 08/17/17 - 124.8 lbs. 08/24/17 - 125.1 lbs. 08/31/17 - 124 lbs. 09/07/17 - 124 lbs. 09/14/17 - 120 lbs. 09/21/17 - not taken 09/28/17 - not taken 10/19/17 - 123 lbs. 10/26/17 - 123 lbs. 11/02/17 - 122 lbs. The dietary progress notes dated 09/26/17 stated, "Noted resident has had a 5 lb. weight loss this past month and 15 lb. weight loss (11%) in 3 months. She receives 8 oz. [ounces] nutritional supplement bid (intake is variable). She usually eats well at breakfast (75-100%), and other meals 25-75%. Will fortify cereal at breakfast and continue to monitor weight." The annual nutrition assessment, dated 10/17/17 stated, ". . . weight fluctuates in ~12 lb range, below usual range last month, no new weight . . . promote wt. gain . . ." The assessment lacked information regarding previous interventions. Observation during breakfast on 11/07/17 at 8:10 a.m. showed resident eating a banana and peanut butter toast. During the kitchen tour on 11/07/17 at 1:00 p.m., observation showed Resident #1 was not on fortified cereal list. The dietary manager (#2) confirmed Resident #1 was not on the list and was unaware of that intervention for Resident #1.	F 325		

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F 325	Continued From page 10 Facility staff failed to communicate and implement interventions recommend by the dietitian which placed the resident at risk for continued weight loss.	F 325		