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

PRINTED: 03/12/2013
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
	355036	A. BUILDING _____ B. WING _____	02/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAN MANOR HEALTHCARE CENTER	604 ASH AVE E GLEN ULLIN, ND 58631

(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 February 19, 2013 and completed on February 21, 2013, the sample included 4 residents for complete review, 9 residents for focused review, and 2 closed records for review.	F 000		
F 514 SS=E	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure readily accessible clinical records for 3 of 3 days of survey (February 19-21, 2013). Failure to ensure access to the electronic medical records including the progress notes [nursing, dietary, social service, and activity notes], medication administration records, and Minimum Data Sets (MDS) [other than the most recent comprehensive MDS] limits the staff's ability to ensure continuity of care.	F 514	On 2/21/2013 at 3pm CST the main frame computer was up and running and after two of six hard drives were replaced and the data had been restored and tested. This situation will not happen in the furture due to a premium plan maintenance contract with Connecting Point Computer of Bismarck. The monitoring components of this contract are attached and listed as "Item 1". By Connecting Point Computer sending us a monthly summary report outlining the status of the system we will be assured that the system is operating properly. This will provide us with documentation for our Quality Assurance Committee that we are in compliance to our Plan of Correction. the contract is renewable annually, this will allow us to review the procedures utilized to assure that our computer system is working properly.	3/28/2013

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

Admin. 3/12/13

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 514	Continued From page 1 Findings include: Upon entering the facility on 02/19/13 at 8:45 a.m., an administrative staff member (#1) informed the survey team the server for the facility's computer system had failed on 02/18/13, and portions of the residents' medical records would be unavailable for review. The staff member indicated the computer hardware should arrive that day to fix the problem. Review of medical records for sampled residents occurred on all days of survey. The facility used a combination of electronic charting with some paper charting being utilized for various aspects of each resident's stay in the facility. The facility's computer system remained inaccessible throughout all days of the survey.	F 514		