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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355084	A. BUILDING _____ B. WING _____	09/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN SUNSET HOME	333 EASTERN AVE GRAFTON, ND 58237

(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 09/04/12 and completed on 09/06/12, the sample included 4 residents for complete review, 12 residents for focused review, and 3 closed records for review.	F 000	Preparation and submission of this plan does not constitute an admission or agreement by the Lutheran Sunset Home of the truth of the facts alleged and shall not be construed in any administrative or judicial form for the purpose of establishing liability of our facility, it's Board of Directors, administration, employees or representatives. This plan is our allegation of substantial compliance.	
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy and procedure, review of professional literature, resident interview, and staff interview, the facility failed to assess and ensure the safety of self administration of medications (SAM) for 1 of 1 sampled resident (Resident #5) observed with medications left at the bedside. Failure to determine if SAM is a safe practice has the potential to result in harm to the resident. Findings include: "Nursing 2011 Drug Handbook," 31st edition, Lippincott Williams and Wilkins, pages 355-358 states "Coreg . . . Indications and Dosages: Hypertension . . . Administration: . . . Give drug with food. . . . Nursing Considerations: Monitor elderly patients carefully . . . " Review of the facility policy and procedure "Self	F 176	Resident #5 had a Self-Administration of Medications assessment completed on 9-18-2012. Medical records for residents currently self-administering medications have been assessed for the presence of a Self-Administration Assessment. The DON (Director of Nursing Services) reviewed the Self-administration of Medications policy with nursing staff on 9-20-2012. The DON or his/her designee will complete QA (Quality Assurance) studies on all new admissions and residents with a significant change in condition to assure each resident has a Self-Administration of Medication Assessment. QA studies will continue monthly until 100% compliance is met and periodically thereafter to assure compliance is maintained.	09-28-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 9/24/12

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 176	Continued From page 1	F 176		

Administration of Medications" occurred on 09/06/12. The policy, revised on 12/11/2007, stated, " . . . Purpose: To allow capable residents the opportunity to exercise their rights to self administer medications. . . . Forms: Self Administration of Medication Assessment Form . . . Procedure: . . . 3. If the resident wishes to exercise their right to self administer medication. Within fourteen (14) days of admission the resident's cognitive, emotional, physical and visual ability will be assessed by the multi disciplinary care plan team to determine if the resident is capable of safely carrying out the responsibility to self administer medications. . . . 6. Assessments and determinations will be recorded in the resident's medical record. . . ."

On 09/04/12 at 5:35 p.m., observation showed a souffle medication cup containing three pills on Resident #5's bedside table. Resident #5 stated, "I take the little one before I eat and other two after I eat."

Review of Resident #5's medical record occurred on September 04-06/12. Resident #5's current Minimum Data Set (MDS), dated 08/20/12, identified Resident #5 as cognitively intact. Resident #5's medical record lacked a SAM assessment form.

Review of Resident #5's medication administration record identified the following medications initialed by the nurse as administered +at 6:00 p.m.: Coreg 3.125 milligrams (mg) (for blood pressure) and Simethicone 80 mg, 2 after meals (for gas relief). Failure to take the Coreg with meals, as recommended, could effect the efficacy of the

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F 176	Continued From page 2 medication. During interview on 09/05/12 at 5:25 p.m. and 09/06/12 at 8:35 a.m., with an administrative staff member (#4), upon request for Resident #5's SAM assessment form, the staff member failed to provide this information.	F 176		
F 253 SS=B	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility cleaning logs, and staff interview, the facility failed to provide housekeeping services necessary to ensure a sanitary interior regarding personal fans in 3 of 4 resident care areas (Station #1, #2, and #3), air circulating fans in 2 of 4 resident dining rooms (Station #3 and Sun Room), and tub room and bathroom vents on 4 of 4 resident care units (Special Care Unit, Station #1, #2, and #3) on 3 of 3 days of survey (September 04-06, 2012). Failure to ensure personal fans, dining room fans, and vents were sanitary and failure to maintain a process to ensure regular cleaning resulted in accumulated dust and debris on the fans and vents and placed residents, visitors, staff, food, and potential food surfaces at risk of exposure to dust and debris. Findings include: Observation during the initial facility tour, on	F 253	All noted vents, personal fans, and dining room fans were cleaned or removed from service by 9-20-12. Types of fans appropriate for use and a specified cleaning schedule was determined by the facility and implementation was completed on 9-20-12. QA studies will be completed by the Maintenance supervisor or his/her designee monthly until 100% compliance has been met and periodically thereafter to assure compliance is maintained.	09-28-12

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F 253	Continued From page 3 09/04/12 at approximately 1:30 p.m., identified the surfaces in the following resident rooms with accumulated dust and debris: *Station #1 - Room 7 - bathroom vent *Station #2 - Room 21 - bathroom vent Room 28 - personal fan Room 30 - two personal fans - bathroom vent Room 35 - personal fan Room 36 - personal fan Room 41 - personal fan Room 42 - personal fan Room 49 - personal fan Observation in the Sun Room before the evening meal, on 09/04/12, identified an air circulating fan on a pedestal approximately 36 inches high. The fan showed accumulated dust and debris on the blades and protective grid. Observation showed the fan circulated air while residents and family members ate meals and had snacks in this room on all days of survey. During the dietary tour in the Station #3 Dining Room, on 09/05/12 at 10:05 a.m., observation showed a small personal fan on top of the tray service cart with visible dust and debris on the fan blades and the outside grid of the fan. An administrative dietary staff member (#3) removed the fan for cleaning. During the facility environmental tour, on 09/06/12 at 8:00 a.m., a maintenance management staff member (#1) and a housekeeping staff member (#2) confirmed the previously identified fans and vents with accumulated dust and debris. In addition, the tour identified accumulated dust and debris as follows:	F 253		

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F 253	Continued From page 4 *Station #1 - Room 43 - personal fan Room 44 - personal fan Tub Room - vent *Station #3 - Room 70 - personal fan Resident/Public bathroom - vent *Activities - Bathroom - vent Following the environmental tour, a housekeeping staff member (#2) provided a list of fans cleaned by the facility staff. The list identified the facility staff cleaned the fans on June 26-28, 2012 and failed to identify the personal fans in Rooms 35, 41, 42, and 49 or the fans in the Sun Room and the Station #3 Dining Room. During interview, on 09/06/12 at 10:45 a.m., this staff member (#2) and a maintenance staff member (#1) reported the facility staff did not have a schedule for cleaning the fans and staff or residents' families must have brought in the fans not on the list. Failure to have a schedule for cleaning the fans and vents and failure to monitor all fans for cleanliness placed facility residents, visitors, and staff at risk for exposure to dust and debris.	F 253		