STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355067	A. BUILDING _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY SENIOR LIVING ON COLUMBIA	2900 14TH AVE S GRAND FORKS, ND 58201

(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 The standard Medicare/Medicaid recertification survey and complaint survey started on 06/05/23 and concluded 06/08/23. The concerns identified by the complainant were unsubstantiated.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to follow a physician's order for removal of a foley catheter for 1 of 7 sampled residents with a catheter (Resident #147). Failure to follow physician orders for the removal of the foley catheter and to attempt voiding trials may result in an increased risk of catheter associated urinary tract infections (CAUTI) and decreased quality of life. Findings Include: The facility failed to provide a copy of their policy addressing physician orders. During an interview on 06/06/23 at 03:50 p.m., Resident (#147) complained of having a catheter and stated, "I want it out". Physician orders on 04/27/2023 at 7:23 a.m., stated, "Attempt voiding trial with next scheduled catheter change (5-16-2023). Remove catheter in	F 658	The catheter for Resident #147 was removed on June 8, 2023. All residents with catheters have the potential to be affected by this practice. The physician orders for all residents with catheters were audited on June 21, 2023 and no further issues were identified. All nurses will receive education on following physician orders in either in person licensed nurse meetings on June 22 and June 23, or online module completion. All nurses will complete a post-test on the education by July 13, 2023. The RN Care Coordinator or designee will audit all residents with catheters monthly to ensure all physician orders are followed. The results of the audits will be reported to the QAPI team for one year. The need for further audits will be at the	7/13/23

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

Electronically Signed | 06/29/2023

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 658	Continued From page 1 the morning. Leave out for 4 hours and push fluids. Resident to void immediately before bladder scan. Replace 16 Fr [French] foley catheter with 10 mL [milliliter] balloon if bladder scan amount 250 mL or greater. Update urology if he passed or failed voiding trial." Review of the resident's medical record occurred on all days of survey and lacked information/documentation the facility followed physician orders and completed a voiding trial. During an interview on 06/08/23 at 09:47 a.m., an administrative staff member (#3) confirmed the physician orders were not followed.	F 658	discretion of the QAPI team.	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug	F 761		7/13/23

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F 761	Continued From page 2 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 policy, record review, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 3 residents (Resident #56) observed during insulin administration. Failure to obtain an accurate label for an insulin pen following an order change may result in residents receiving too much/little insulin and/or having a negative reaction. Findings include: Review of the facility policy "Medication Labeling" occurred on 06/08/23. This policy, revised May 2016, stated, ". . . All legend resident medications regardless of source shall be properly labeled as follows . . . If necessary, a "signal" type label shall be placed on the medication indicating that there has been a change order affecting the administration of the medication and that the nurse should turn to the resident's health record for correct information . . . " Review of Resident #56's medical record occurred on 06/07/23. A physician's order, dated 04/28/23, included Lantus 10 units subcutaneous every morning. Observation on 06/07/23 at 8:16 a.m. showed Resident #56's Lantus Solostar Pen (type of inulin) with a label that read "Administer 40 units	F 761	Resident #56's insulin was relabeled on June 7, 2023. All residents who receive insulin have the potential to be affected by this practice. The physician orders for all residents with insulin were reconciled with the labels for all residents who receive insulin on June 29, 2023. All nurses will receive education on the labeling and storage of medications in either in person licensed nurse meetings on June 22 and June 23, or online module completion. All nurses will complete a post-test on the education by July 13, 2023. Licensed nurses audit the accuracy of all medication labels to the physician order for all residents on a monthly basis. The Staff Development RN will report the results of the audits to the QAPI team for one year. The need for further audits will be at the discretion of the QAPI team.	

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F 761	Continued From page 3 subcutaneous every am." The nurse (#1) stated "I will give what the MAR [medication administration record] says." When questioned on the process for order changes and relabeling the nurse identified that staff notifies pharmacy and pharmacy brings up a new label. The nurse (#1) stated "We notified the pharmacy, I don't know why there isn't a new label." During an interview on 06/07/23 at 10:00 a.m., an administrative nurse (#2) stated she expected staff to notify the pharmacy and apply a "see order change" sticker to the insulin pen label until pharmacy can replace with a new label.	F 761		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		7/13/23

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F 812	Continued From page 4 by: Based on observation, review of facility policy, and staff interview the facility failed to store dietary supplements under safe and sanitary conditions in 2 of 5 medication carts (Riverside Long Hall and Reeves Short Hall) observed. Failure to remove scoops in dietary supplements may result in contamination of supplements or spread of infection to residents. Findings include: Review of the facility policy, "Dining Services Policy", occurred 06/08/23. This policy, revised 2017, stated, ". . . Sufficient storage facilities are provided to keep food safe . . . and by methods designed to prevent contamination. . . . Scoops are not to be stored in food or ice containers. . . . " - Observation on 06/06/23 at 3:10 p.m. of the Riverside Long Hall medication cart showed a container of PUSH Collagen Dipeptide Concentrate powder (a wound healing dietary supplement) for Resident #70 with a scoop in the container. - Observation on 06/06/23 at 4:30 p.m. of the Reeves Short Hall medication cart showed a container of PUSH Collagen Dipeptide Concentrate powder labeled "STOCK" with a scoop in the container. During an interview on the morning of 06/08/23, an administrative nurse (#2) confirmed nursing staff failed to remove the scoops from the supplement containers.	F 812	The scoop for the supplement for Resident #70 and the scoop for the supplement in the Reeves medication cart were removed on June 8, 2023. All residents who have this type supplement or medication have the potential to be affected by this practice. An audit of all medication carts was completed on June 15, 2023 to ensure that no scoops were present in the supplement containers. All nurses will receive education on the use of scoops during medication administration in either in person licensed nurse meetings on June 22 and June 23, or online module completion. All nurses will complete a post-test on the education by July 13, 2023. The Staff Development RN or designee will conduct weekly audits on all medication carts for three months and monthly thereafter for nine months to ensure no scoops are present in the supplement containers. The results of the audits will be reported to the QAPI team for one year. The need for further audits will be at the discretion of the QAPI team.	