STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355112	A. BUILDING _____ B. WING _____	C 01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE VILLAGE	**4000 24TH 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 An unannounced onsite complaint survey was completed on January 23, 2024. During the complaint investigation the facility was found noncompliant with regulatory requirements.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		2/27/24

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

Electronically Signed | 02/15/2024

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F 580	Continued From page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on information provided by the complainant, record review, review of the facility's policy and staff interview, the facility failed to notify the resident representative for 1 of 1 confidential resident (Resident A) who experienced a fall. Failure to notify the resident representative of a fall limits their ability to make informed decisions regarding medical care. Findings include: Information received from the complainant indicated the facility staff failed to notify the resident's representative of a fall. Review of the facility policy titled "Fall Investigation" occurred on 01/23/24. This policy, dated December 2022, stated, ". . . Calls and notifications . . . These notifications are a	F 580	F580: Notify of Chnages (Injury/Decline/Room, etc.) 1. Resident A is no longer residing at the facility (deceased). 2. All residents who have had an injury/decline/room change, etc. have the potential to be affected. 3. The Director of Nursing provided education to all licensed nurses on February 2, 2024 and February 7, 2024 addressing circumstances that require notification of the resident's primary decision maker or legal representative. 4. The Director of Nursing or designee will conduct a weekly random audit of eight	

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F 580	Continued From page 2 standard of care. . . . include notification to family or responsible party. Include name, date and time of notification. Licensed nurse completing form needs to sign and date upon completion. . . ." Review of Resident A's medical record occurred on 01/23/24. An admission Minimum Data Set (MDS), dated 12/29/23, identified receiving an anticoagulant (blood thinner) and hemodialysis. Diagnoses included atrial fibrillation and a history of deep vein thrombosis (blood clot). Medications included apixaban (anticoagulant) 2.5 milligrams twice daily. An artriovenous fistula (access for hemodialysis) located in the resident's left arm and utilized for dialysis on Monday, Wednesday, and Friday. Resident A's progress notes showed the following: * 12/24/23 at 2:54 a.m., ". . . Resident was found in his bathroom by staff at 0045 [12:45 a.m.]. Resident was sitting in the corner right below his sink and bathroom cupboard. Resident stated that he was trying to move his W/C [wheelchair] in his bathroom as it was blocking the toilet. Resident stated he couldn't find his call light and tried to call for assistance but instead transferred himself. While moving the W/C in the bathroom he slipped and fell. Vitals and resident was assessed for injury. Resident denied pain and was only complaining of a cold bottom from sitting on the bathroom floor. Total hoyer lift [full body mechanical lift] used to get resident off the floor. Resident then used toilet after getting assisted off the floor. . . ." * 12/26/23 at 11:29 a.m., "Health Status Note Data: Discoloration noted to left low back. Action:	F 580	residents who have had a fall, injury, decline or room change, to ensure their primary decision maker or legal representative was notified of the event. This audit will be conducted weekly for four weeks. Based on the results of the audit we will determine the frequency of continued audits for the next nine months. The Director of Nursing will report the results of the audits to the QAPI team monthly. 5. February 27, 2024.	

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F 580	Continued From page 3 NP [nurse practitioner] notified. Voicemail left with PDM [primary decision maker]. . . ." No further documentation noted in the progress notes regarding the discoloration on Resident A's left low back or PDM's response. The medical record lacked evidence staff notified the resident representative of Resident A's fall or cause for bruising. During an interview on 01/23/24 at 5:00 p.m., an administrative staff member (#1) confirmed staff failed to notify the resident representative of Resident A's fall.	F 580		