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 _____	06/06/2019

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 The standard Medicare/Medicaid recertification survey started on 06/03/19 and concluded 06/06/19.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		7/11/19

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

Electronically Signed | 06/27/2019

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 _____	06/06/2019

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 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide care in a manner that maintained or enhanced dignity for 1 of 18 sampled resident observed eating in the dining room. Failure to assist Resident #75 with excessive nasal discharge during meals did not promote her dignity/enhance her quality of life. Findings include: Review of the facility policy titled "Resident Rights/Exercise of Rights" occurred on 06/04/19. The policy, revised August 2017, stated, ". . . Residents have the right to be treated with respect and dignity. . . ." Review of Resident #75's medical record occurred on all days of survey. The current care plan identified, ". . . I have an ADL [Activities of Daily Living] self care performance deficit R/T [related to] dementia, limited range of motion, Parkinson's, arthritis . . . EATING: . . . I do have problems with excessive nasal discharge at breakfast so please try to help me blow my nose (not just wipe it) several times before the meal . . . I have a nutritional problem . . . R/T Parkinson's disease . . . Please make sure	F 550	Resident #75's care plan was reviewed and appropriate interventions remain in place. Reeducation will be provided for all staff on the Prairieview neighborhood on the plan of care for resident #75. All residents have the potential to be affected. Residents Rights/Exercise of Rights policy and procedure was reviewed and remains in place. All staff will complete a computer-based educational module by 7/11/19 which will include education on dignity, Residents Rights/Exercise of Rights policy, promoting dignity, staff role in providing dignity and respect, dignity and dining, dining environment, meal delivery, dining ware, dining attire, resident appearance, dining conversation, and assisting to dine. The charge nurse, or their designee, will audit 10 meals per week for the first month and 10 meals per month for the next eleven months to ensure dignified dining. The Director of Nursing Services, or their designee, will report the results to	

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 _____	06/06/2019

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 550	Continued From page 2 I have Kleenex on the table at meals as I have a runny nose especially at breakfast. . . ." Observation showed the following: * 06/04/19 at 8:18 a.m., Resident #75 seated at the dining room table with a visible line of excess nasal drainage from her nose to her lap. The resident was attempting to contain the drainage herself and had numerous used tissues on her lap. * 06/04/19 at 8:20 at a.m., two unidentified staff members walked by Resident #75, and did not stop to assisted her. * 06/04/19 at 8:22 a.m., An unidentified staff member removed a chair from Resident #75's table and did not assist her. * 06/04/19 at 8:25 a.m., Resident #75 continued to have a visible line of excess nasal drainage from her nose to her lap and attempted to raise a fork of food to her mouth but stopped when the food met the line of excess nasal drainage and returned the fork to the plate. Resident #75 raised her coffee cup to her lips. The cup had excess nasal drainage on the rim. She then lowered the cup to the table. * 06/04/19 8:27 a.m., Resident #75 continued to have a visible line of excess nasal drainage from her nose to her lap and attempted to wipe her nose without success. An unidentified dietary aid approached the table and asked Resident #75 what she would like for lunch and supper. The aid left Resident #75's table and failed to assist with her with the excess nasal drainage. * 06/04/19 8:30 a.m., four unidentified Certified Nursing Assistants (CNAs) were observed in the dining area delivering trays and did not offer Resident #75 assistance. * 06/04/19 8:33 a.m., an unidentified CNA walked	F 550	the QAPI Team on a monthly basis for the next twelve months.	

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 _____	06/06/2019

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 550	Continued From page 3 past Resident #75 and did not offer her assistance. * 06/04/19 8:36 a.m., an unidentified staff member walked by Resident #75, who continues to have a visible line of excess nasal drainage from her nose to her lap, and did not assist her. * 06/04/19 8:40 a.m., Resident #75 successfully wiped the excess nasal drainage away from her nose, and had a large pile of used tissues on her lap. 06/04/19 8:57 a.m., an unidentified staff nurse assisted Resident #75 with her nasal drainage and removed her from the table. During an interview on the morning of 06/06/19 at 9:10 a.m., an administrative nurse (#1) confirmed staff should have assisted Resident #75 with her nasal drainage.	F 550		