STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355038	A. BUILDING _____ B. WING _____	07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST GERARD'S COMMUNITY OF CARE	613 1ST AVE SW HANKINSON, ND 58041

(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 07/17/23 and concluded 07/19/23.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference, and staff interview, the facility failed to complete Minimum Data Set (MDS) assessments that accurately reflected the resident's status for 3 of 12 sampled residents (Resident #7, #8, and #26). Failure to correctly code MDS assessments may affect the development of an accurate care plan and impact resident care. Findings include: The Long-Term Care Facility RAI User's Manual, revised October 2019, pages N-6 and N-7, stated, ". . . Coding Instructions . . . N0410E, Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin): Record the number of days an anticoagulant medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel here. . . . N0410H, Opioid: Record the number of days an opioid medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7	F 641	MDS (for resident #7 dated 7/7/23 and for resident #26 dated 5/28/23) section N corrected and transmitted to reflect no anticoagulant received by resident #7 & #26. Residents taking Plavix have the potential to be affected. QA completed by DON to find no additional residents taking Plavix. MDS section N for resident #8 dated 4/11/23) corrected and transmitted to reflect Opioid being received by resident #8 as was taking Tramadol. Residents taking Tramadol have the potential to be affected. QA completed by DON to find no additional residents taking Tramadol. Nurses who complete the MDS were educated by DON to fact that Plavix (Clopidogrel) is classified as an antiplatelet and not as an anticoagulant, Tramadol is classified as an Opioid, proper method of coding Plavix & Tramadol in Section N of MDS, and to always verify med classifications.	8/3/23

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

Electronically Signed | 08/04/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355038	A. BUILDING _____ B. WING _____	07/19/2023

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F 641	Continued From page 1 days). . . ." SECTION N: Medications - Review of Resident #7's medical record occurred on all days of survey. The Medicare 5 day Prospective Payment System (PPS) MDS, dated 07/07/23, identified the resident received an anticoagulant on 7 of 7 days. Resident #7's medication administration record (MAR) identified Resident #7 received Plavix (an antiplatelet) daily during the look back period. - Review of Resident #8's medical record occurred on all days of survey. The quarterly MDS, dated 04/11/23, identified the resident did not receive an opioid during the 7 day look back period. Resident #8's MAR identified Resident #8 received Tramadol (an opioid) daily during the look back period. - Review of Resident #26's medical record occurred on all days of survey. The admission MDS, dated 05/28/23, identified the resident received an anticoagulant on 6 of 7 days. Resident #26's MAR identified Resident #26 received Plavix (an antiplatelet) daily during the look back period. During interviews on the morning and afternoon of 07/19/23, an administrative nurse (#1) confirmed staff should not code Plavix as an anticoagulant and should have coded Tramadol as an opioid.	F 641	QA will by completed by DON using existing MDS Dept QA Checklist under Indicator "Section Medication Coded Correctly" to ensure this regulation is maintained every two weeks x2, monthly x4, then quarterly ongoing.	