STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355037	A. BUILDING _____ B. WING _____	01/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - ST ALOISIUS	325 E BREWSTER ST HARVEY, ND 58341

(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 01/09/23 and concluded on 01/12/23.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and	F 583		1/24/23

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

Electronically Signed | 01/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SMP HEALTH - ST ALOISIUS	**325 E BREWSTER ST HARVEY, ND 58341**

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F 583	Continued From page 1 administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide privacy and confidentiality of medication administration records (MAR) for 1 of 7 residents (Resident #63) observed during medication administration. Failure to lock the MAR may result in unauthorized viewing of confidential resident records by other residents, unlicensed staff, and/or visitors. Findings include: Review of facility policy titled "Medication Administration" occurred on 01/11/23. This policy, revised September 2021 stated, ". . . electronic medication administration records (eMars) are kept locked when not in direct use. . . ." Observation on 01/11/23 at 11:10 a.m. and 11:22 a.m. showed a nurse (#1) left the medication cart unattended, walked down the hall, and entered the resident's room leaving the MAR visible. During an interview on 01/12/23, an administrative nurse (#1) confirmed nursing staff should close the computer screen when they leave the medication cart unattended.	F 583	1. Resident #63 and all residents have the right to secure and confidential personal and medical records. Nurses, CMAs and CNAs were educated per mandatory staff meetings on January 17 and 18, 2023 regarding the policy and procedure for secure and private medical information and medication administration. 2. All residents having EMR charting have the potenitial to be affected. 3. The Medication Administration policy was reviewed and staff was educated on the need to close documentation/information window for privacy. All nurses, CMAs and CNAs were educated on January 17 and 18, 2023. 4. QI monitor was put in place to observe for proper compliance of privacy weekly for four weeks and monthly for three months and then quarterly thereafter for one year. The ADON/QI nurse will be responsible for monitoring and reporting to DON and at the facility quality assurance meetings. Date of correction 1/24/2023.	