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 _____	08/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALOISIUS MEDICAL CENTER NURSING HOME	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 For the standard Medicare/Medicaid recertification survey, stated on 08/22/16 and completed on 08/25/16, the sample included 4 residents for complete review, 11 residents for focused review, and 3 closed records for review. The sample include 2 additional residents to verify specific concerns during the survey.	F 000		
F 156 SS=B	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.	F 156		9/26/16

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

Electronically Signed | 09/07/2016

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F 156	Continued From page 1 The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.	F 156		

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F 156	Continued From page 2 The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide residents the most current information regarding Medicare coverage for 3 of 4 resident (Resident #13, #19, and #20) records reviewed. Failure to maintain the correct contact information limited residents' and families' access to the Medicare intermediary involved in the appeal process. Finding include: Review of the facility's "Mandatory Denial Notice" form occurred on the afternoon of 08/24/16. This form, provided by the facility, contained information regarding the appeal process; including contact information for the Medicare intermediary. Record review showed Resident #13, #19, and #20 (all residing on Unit A) received "Mandatory Denial Notices" which contained outdated contact	F 156	Social Service staff were educated that the Mandatory Denial Notice for residents #13, #19 and #20 failed to provide the correct contact information to access the Medicare intermediary and were provided with the correct contact information. All residents that receive Medicare benefits have the potential to be affected. All Medicare Mandatory Denial Notice files kept in the three social services areas (Unit A, Unit B and SSD office) were reviewed and purged of all notices with the incorrect address for contacting the Medicare intermediary. They were replaced with notices containing the updated information. Social Service Director will update social service staff and notices with any future address changes.	

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F 156	Continued From page 3 information for the Medicare intermediary. During an interview on 08/24/16 at 3:00 p.m., a social services staff member (#8) identified the "Mandatory Denial Notice" form utilized on Unit A contained outdated contact information for the Medicare intermediary.	F 156	A QI monitor will be implemented and all notices issued will be checked for correct information by the issuing staff person and monitored monthly for one year and reported to the QAPI committee quarterly. Social Service Director will be responsible.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 08/20/2015. Based on observation, record review, review of policies/procedures, and staff interview, the facility failed to provide care in a manner that maintained or enhanced dignity for residents on 1 of 2 care units (Unit A). Failure to ensure dignity while feeding (Resident #12 and #15) and failure to maintain visual privacy of a brief (incontinence underwear) during ambulation (Resident #8) did not promote the residents' dignity or enhance their quality of life. Findings include: Review of the facility policy titled "Feeding resident who cannot feed self" occurred on 08/25/16. This policy, dated 2013, stated, " . . .	F 241	Staff assisting and cueing residents #12 and #15 in eating had education and review of the policy on feeding residents. Staff that had assisted resident #8 with dressing and ambulation were reminded to maintain visual privacy of brief. In addition, resident #15 had OT and Speech evaluations on August 31st and September 1st. All residents needing assistance with dining and dressing have the potential for failure of providing dignity. All staff had education and review of the policy on feeding residents at staff meetings on September 6th and September 7, 2016. In addition, education was given to all staff to be alert	9/26/16

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F 241	Continued From page 4 C.N.A. [certified nurses assistant] sits facing resident during feeding . . . cleans Resident's mouth and hands with wipes . . ." - Review of Resident #12's medical record occurred on August 24-25, 2016. Diagnoses included hemiparesis (unilateral paralysis of parts of the body) and left-sided neglect (vision loss). The resident's current care plan identified, ". . . Setup and supervision required. . . . assist with eating as needed. . . ." Observation showed the following: * On 08/24/16 at 12:09 p.m., Resident #12 sat at an assisted table with a CNA (#5) seated next to her. Resident #12 drooled down the left side of her face, dropped food onto her clothing protector, and scooped the food from her clothing protector and ate it. The CNA (#5) also scooped food from Resident #12's clothing protector, mixed the food back into the food on her plate, and eventually fed it to her. The CNA failed to wipe Resident #12's face with a napkin and failed to removed the dropped food items from the resident's clothing protector/tray. * On 08/24/16 at 5:28 p.m., Resident #12 sat at an assisted table with a CNA (#5) seated next to her. Resident #12 drooled down the left side of her face. The CNA failed to wipe Resident #12's face with a napkin. * On 08/25/16 at 7:55 a.m., Resident #12 sat at an assisted table with three unidentified CNAs present. Resident #12 drooled down the left side of her face. The three unidentified CNAs failed to wipe Resident #12's face with a napkin and/or failed to cue her to do so. * On 08/25/16 at 8:05 a.m., A CNA (#9) stood next to Resident #12 as she fed her breakfast.	F 241	to maintain visual privacy of resident's briefs when assisting them. QI monitor will be placed for adherence to resident dignity in being assisted with eating and exposure of brief weekly for one month, monthly for three months, quarterly for one year and report to QAPI committee at scheduled meetings. The DON will be responsible. Completion date September 26, 2016.	

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F 241	Continued From page 5 Resident #12 drooled down the left side of her face. The CNA (#12) failed to sit while feeding Resident #12 and failed to wipe her face with a napkin. - Review of Resident #15's medical record occurred on all days of survey. Diagnoses included hemiplegia (unilateral paralysis of parts of the body). The resident's current care plan identified, ". . . uncoordinated movement and impaired finger dexterity. . . assist to complete meals . . ." Meal observations on August 22 - 23, 2016 showed two unidentified CNAs standing next to Resident #15 as they fed him. The unidentified CNAs failed to sit while feeding Resident #15. Observations on 08/24/16 at 12:09 p.m. and 12:22 p.m., showed a CNA (#5) assisted Resident #15 with his noon meal. Resident #15 dropped food onto his clothing protector. The CNA (#5) then scooped the food from the clothing protector and immediately fed it to Resident #15 or mixed the food back into the food on his plate, eventually feeding it to him. The CNA (#5) failed to remove the dropped food items from the resident's clothing protector/tray. During an interview on the morning of 08/25/16, an administrative staff member (#7) confirmed staff members are expected to sit while feeding residents. During a second interview on the morning of 08/25/16, two staff members (#6 and #7) confirmed Resident #15 should not be fed food that dropped onto his clothing protector.	F 241		

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F 241	Continued From page 6 - Observation on 08/23/16 at 8:48 a.m. showed three CNA's (#1, #2, and #3) assisted Resident #8 to stand and walk in the hallway. Resident #8's brief was exposed through the zipper of her pants. One CNA (#2) closed Resident #8's zipper after she took multiple steps. During an interview on 08/25/16 at 10:05 a.m., an administrative nurse (#4) confirmed staff failed to properly maintain visual privacy of Resident #8's brief.	F 241		