STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355051	A. BUILDING _____ B. WING _____	10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HATTON PRAIRIE VILLAGE	950 DAKOTA AVE HATTON, ND 58240

(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 10/02/23 and concluded 10/05/23.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, review of professional reference, and staff interview, the facility failed to provide care in accordance with professional standards for 1 of 13 sampled residents (Resident #13) who experienced an unwitnessed fall. Failure to perform neurological assessments and follow up on a blood pressure identified as out-of-range following a fall may result in delayed identification and treatment of a resident's medical condition. Findings include: Review of the facility policy titled "NEUROLOGICAL ASSESSMENT" occurred on 10/05/23. This undated policy stated, ". . . All residents experiencing an unwitnessed fall will have a neurological assessment completed by a nurse. The neurological assessment will be done every 12 hours x [for] 3 days . . ." Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts,	F 658	1. Deficient practice occurred with a resident's falls in July and September 2023. Neurological assessments no longer needed for the resident. Resident is stable; no neurological issues. 2. Other residents having the potential to be affected by the same deficient practice: any resident with an unobserved fall or any resident with an observed fall with the resident hitting his/her head. 3. Measures put in place to ensure deficient practice will not occur: a. Add checkbox to Resident Incident Report asking the nurse completing the report: "If unobserved fall or observed fall with resident hitting his/her head, were orders placed in Matrix to do neurological assessment? Yes____ Date Orders Entered_____" Checkbox will be added by DON by October	10/30/23

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

Electronically Signed | 10/23/2023

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F 658	Continued From page 1 pages 535-536, stated, ". . . blood pressure . . . is an important indicator of the client's condition and is used extensively as a basis for nursing interventions. . . . confirm accuracy of the reading-especially if it falls outside the normal range . . ." Review of Resident #13's medical record occurred on all days of survey. The record identified unwitnessed falls on 07/01/23 and 09/09/23 with only one documented neurological assessment for each fall. The record also identified one documented blood pressure reading of 171/78 for the 09/09/23 fall. This reading flagged as out-of-range. The record lacked evidence of follow-up blood pressure monitoring. During an interview on 10/04/23 at 9:32 a.m., an administrative nurse (#1) confirmed staff failed to continue with neurological assessments for Resident #13's unwitnessed falls and failed follow-up on the blood pressure reading recorded on 09/09/23.	F 658	30, 2023. b. Neurological assessment observation forms in Matrix have been changed to include the accurate number of assessments needed. For example, for a fall that is unwitnessed with no suspected head injury, our policy states that neurological checks must be completed every 12 hours for 72 hours, a total of 6 neurological checks. This assessment form has been changed to include space for 5 neurological checks (the 1st neurological check is completed and documented in the fall event and the subsequent 5 checks are completed on this Matrix observation form). For an unobserved fall resulting in a head injury or observed fall with head injury, policy states that neurological checks must be completed every 1 hour x 4, every 4 hours x 5 and every 8 hours x 4, a total of 13 neurological checks. This Matrix assessment form has been changed to include space for 12 neurological checks (1st neurological check is completed and documented in the fall event and the subsequent 12 checks are completed in this Matrix observation form). Both types of neurological assessment observation forms are labeled to identify which form is needed for the fall that has occurred. What this does is show the nurses all required neurological	

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F 658	Continued From page 2	F 658	checks on one form. c. Nurses will be educated on this updated form and re-educated on the policy and process of initiating and ordering neurological checks. d. Every Resident Incident Report reviewed timely by DON, QAPI Manager, MDS Manager and Administrator. 4. What we will do to monitor that residents received required neurological assessments following applicable falls: a. Audit every applicable resident fall for the 1st 3 months b. Audit 50% of applicable resident falls for the 2nd 3 months c. Audits reviewed weekly by QAPI Committee for 6 months d. Add this to the Falls section in our QAPI review and assessment report form: "Were appropriate orders entered into Matrix after a resident's unobserved fall or after an observed fall with a resident hitting his/her head? Were all required neurological assessments completed? If not, why not? What will we do or did we do to correct this?" 5. No. 3(a) above will be completed by October 30, 2023 by the DON. No. 3(b) has been in practice for several years and will continue to be done. Review will now also include reviewing the added checkbox to ensure the orders and neurological assessment are being completed.	

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F 658	Continued From page 3	F 658	Audits will begin on November 1, 2023 by the DON and will conclude in 6 months on April 30, 2024. Addition to the Falls section of our QAPI review and assessment report form will be accomplished by October 30, 2023 by the QAPI Manager. Training and re-education of nurses was completed on October 24. Changes to Matrix observation forms were completed on October 23.	