| 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 _____ | 06/14/2018 |

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

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| F 000 | INITIAL COMMENTS<br><br>The standard Medicare/Medicaid recertification started on 06/11/18 and concluded on 06/14/18. | F 000 | | |
| F 758 SS=D | Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;<br>(iii) Anti-anxiety; and<br>(iv) Hypnotic<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that---<br><br>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;<br><br>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br><br>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and | F 758 | | 7/19/18 |

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

Electronically Signed | 06/28/2018

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| F 758 | Continued From page 1<br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure residents who use psychotropic drugs receive gradual dose reductions (GDRs), unless clinically contraindicated, in an effort to discontinue the drugs for 1 of 2 sampled residents (Resident #5) reviewed for anti-anxiety medication use. Failure to attempt a GDR placed residents at risk for receiving unnecessary medications and experiencing adverse consequences related to their use.<br><br>Findings include:<br><br>Review of Resident #5's medical record occurred on all days of survey. Diagnoses included dementia, depression, and anxiety. The record identified the initiation of Buspar (an anti-anxiety medication) on 08/17/17. The record lacked evidence of an attempted GDR (or contraindications for one) since 08/17/17. On the morning of 06/14/18, a supervisory nurse (#4) | F 758 | F758 Free from Unnecessary Psychotropic Medications<br><br>1. Resident #5 will have an appointment with her primary physician on July 11, 2018.<br>Resident #5's physician will review Resident #5's total plan of care, orders, resident's<br>response to psychotropic medication and determine whether to continue, modify or stop the<br>medication.<br><br>This visit and Resident #5's primary physician's orders will be documented in Resident #5's<br>medical record and, if applicable, her physician's rationale for continuing the psychotropic<br>medication without any dosage reduction. | |

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| F 758 | Continued From page 2<br>identified she contacted the physician that morning regarding a GDR, but the physician did not want to reduce the medication at that time.<br><br>The facility failed to ensure Resident #5 received a GDR twice during the first year in two separate quarters, with at least a month between attempts, unless contraindicated. | F 758 | Resident #5 will have another visit with her primary physician on September 5, 2018. The primary physician will again review Resident #5's plan of care, orders, resident's response to psychotropic medication and determine whether to continue, modify or stop the medication.<br><br>This visit and the primary physician's orders will be documented in Resident #5"s medical record and, if applicable, the physician's rationale for continuing the psychotropic medication without any dosage reduction.<br><br>2. All residents who receive psychotropic drugs have the potential to be affected by the same deficient practice.<br><br>3. All residents who receive psychotropic medications (such as antipsychotic, anti-depressant, antianxiety and hypnotic) will be seen and reviewed by their primary physician or psychiatrist and documentation in the residents' medical records will support the clinical rational for attempting a gradual dose reduction or rational why attempting a gradual dose reduction would be likely to impair the resident's functioning | |

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| F 758 | Continued From page 3 | F 758 | or increase distressed behavior.<br><br>Within the first year in which a resident is admitted to our facility on a psychotropic<br>medication or within the first year a resident is prescribed a psychotropic medication,<br>we will attempt a gradual dose reduction in two separate quarters with at least one<br>month between the attempts at gradual dose reduction, unless clinically contraindicated.<br>After the first year, a gradual dose reduction will be attempted annually, unless<br>contraindicated.<br><br>Director of Nursing will develop policy for residents' gradual dose reduction for<br>psychotropic medications by July 19, 2018.<br><br>Director of Nursing will provide training on this policy and procedures for charge<br>nurses who do rounds with residents' physicians by July 19, 2018.<br><br>4. Director of Nursing will audit weekly for compliance of the above actions for three months<br>and audit monthly for the following three months (six months total).<br>She will implement a form logging all pertinent information about residents who receive<br>psychotropic medications, including | |

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| F 758 | Continued From page 4 | F 758 | type of medication, dates prescribed and rationale for prescribing the psychotropic medications.<br><br>The DON will notify the physician/psychiatrist when an assessment is needed for gradual dose reduction for a resident. The DON will verify that a resident's medical record contains documentation from the physician/psychiatrist supporting his/her decision to continue, modify or stop the medication.<br><br>QA Committee will review weekly for the first 3 months and monthly for the following 3 months the records of residents on psychotropic medications to ensure that attempts at gradual dose reduction are happening and that physician's/psychiatrist's rationale for continuing, modifying or stopping medications is present in the residents' medical records. | |
| F 812 SS=E | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. | F 812 | | 7/19/18 |

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| F 812 | Continued From page 5<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of manufacturer's instructions, and staff interview, the facility failed to prepare and serve food in a sanitary manner in 1 of 1 facility kitchen. Failure to ensure the concentration of quaternary (quat) solution is within manufacturer's guidelines may result in an incorrect solution concentration and inadequate sanitization of kitchen surfaces.<br><br>Findings include:<br><br>Review of manufacturer's instructions for Ecolab Oasis 146 Multi-Quat Sanitizer identified a concentration of 150 parts per million (ppm) - 400 ppm active quat for effective sanitizing.<br><br>Observation in the kitchen on 06/11/18 at 12:23 p.m. showed a bucket of Oasis 146 quat on the counter. Observation showed the test strips available to test the solution were specific to testing chlorine-based solutions. Two dietary staff members (#1 and #2) confirmed they use the | F 812 | F812 - Food Procurement, Store/Prepare/Serve - Sanitary<br><br>1. Correct testing strips for Oasis 146 quat sanitizing solution are stored conveniently by the fill sink.<br><br>Measurements of concentration of the quat solution will be recorded daily to ensure concentration levels between 150 - 400 parts per million (ppm). Certified Dietary Manager will review weekly to ensure the quat solution is being recorded daily and that it is within the correct concentration levels. This daily recording and weekly review is ongoing and continues daily and weekly beyond the Plan of Correction time periods. | |

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| F 812 | Continued From page 6<br>strips to test the quat solution. Review of the June log for testing the quat solution showed staff did not record any measurements, except 06/06/18 which identified a concentration of 10 ppm. When dipped in the quat solution, the chlorine strips failed to produce a color change (identifying the concentration of the quat solution).<br><br>During an interview on 06/12/18 at 8:09 a.m., a dietary supervisor (#3) stated the facility did not have a policy, but she expected staff to change the quat solution every two hours, and record the concentration on the log sheet. The staff member identified she has quat testing strips available for use. | F 812 | 2. All residents have the potential to be affected. Improper concentration levels in the quat sanitizing solution could result in inadequate sanitization of kitchen surfaces where residents' food is prepared.<br><br>3. Develop written policy on correct testing of Oasis 146 quat sanitizing solution and on documentation of concentration measurements of the quat solution. Certified Dietary Manager will develop policy by July 19, 2018.<br><br>Mandatory refresher training for cooks on the policy and procedures. Certified Dietary Manager will do the training and this was completed on June 26, 2018. Only cooks do testing of quat sanitizing solution so only cooks are receiving the mandatory training.<br><br>Cooks will use correct testing strips for Oasis 146 quat sanitizing solution and will daily document concentration measurements of the quat solution.<br><br>Audit for 6 months - daily - the correct use of testing strips and correct documentation of the concentration measurements of the quat sanitizing solution. Audit will be done | |

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| F 812 | Continued From page 7 | F 812 | by the cooks.<br><br>4. QA Committee will review audit results weekly for 3 months and monthly for the last 3 months of the audit period. Certified Dietary Manager is a member of the QA Committee.<br><br>QA Committee will evaluate audit results to see if effective in correcting deficient practices. | |