STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355042	A. BUILDING _____ B. WING _____	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN HORIZONS CARE CENTER	1104 HWY 12 HETTINGER, ND 58639

(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 07/08/19 and concluded 07/11/19.	F 000		
F 558	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview, the facility failed to provide reasonable accommodation of needs regarding to call lights for 1 out of 11 sampled residents (Resident #3). Failure to place Resident #3's call light within reach may result in an inability to call for help, and/or incontinence. Findings include: Review of Resident #3's medical record occurred on all days of survey. Resident #3's current care plan stated, ". . . The resident has an Activities of Daily Living (ADL) self-care deficit . . . Encourage the resident to use call light for assistance . . . resident has impaired visual function r/t [related to] blindness . . . Intervention: Tell the resident where you are placing their items . . . a working and reachable call light . . . ." Observations on 07/09/19 at 10:30 a.m. and 07/10/19 at 8:50 a.m., showed Resident #3's call light not within reach.	F 558		8/14/19

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

Electronically Signed | 08/06/2019

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F 558	Continued From page 1 During an interview on 07/9/19 at 10:30 a.m. and 07/10/19 at 8:50 a.m., Resident #3 could not find the call light, and stated staff forget to place the call light. During an interview on 07/11/19 at 8:52 a.m., an administrative nurse (#1) stated it is her expectation that every resident has their call light within reach.	F 558		
F 679	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy review, and staff interview, the facility failed to provide an ongoing program of meaningful activities designed to meet the interests and physical, mental, and psychosocial well-being for 2 of 3 sampled residents (Resident #28 and #34) dependent on staff for activities. Failure to provide the appropriate activities limited Resident #28 and #34's ability to reach their highest practicable level of physical, mental, and psychosocial well-being.	F 679		8/14/19

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F 679	Continued From page 2 Findings include: Review of the facility policy titled, "Activity Programs," occurred on 07/11/19. This policy, dated 01/01/09, stated, ". . . Our activity programs are designed to encourage maximum individual participation and are gears [sic] to the individual resident's needs. . . . Our activity programs consist of individual and small and large group activities that are designed to meet the needs and interests of each resident and include . . . Activities that . . . assist with range of motion . . . Intellectual activities that are mentally stimulating . . . outdoor activities . . . Spiritual programming is scheduled to meet the religious needs of the residents . . . Social activities are scheduled to increase self esteem, to stimulate interest and friendships, and to provide fun and enjoyment. . . ." - Review of Resident #28's medical record occurred on all days of the survey. The current care plan stated, ". . . Per interview for preferences for customary routines, the following were indicated: Very important . . . participating in religious programs. Somewhat important . . . going outside for fresh air when weather is nice. . . . Follow [Resident #28's] preferences for customary routines as closely and reasonably as possible . . ." Observations identified the following: * 07/09/19 at 6:53 a.m., Resident #28 sat in the lounge in his reclining wheelchair with his feet hanging over the right arm rest and the tv on in the background. * 07/09/19 at 7:04 a.m., two certified nursing assistants (CNAs) (#2 and #3) toileted Resident	F 679		

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F 679	Continued From page 3 #28 and then transported him back to the lounge. * 07/09/19 at 9:08 a.m., 10:22 a.m., and 12:55 p.m., Resident #28 asleep in the lounge in his reclining wheelchair with the tv on in the background. * 07/09/19 at 3:11 p.m., Resident #28 sat in the lounge in his reclining wheelchair next to a CNA (#4) as she charted. The CNA explained, "He was trying to get out of his chair." * 07/10/19 at 8:42 a.m., Resident #28 sat in the lounge in his reclining wheelchair with the tv on in the background. * 07/10/19 at 9:21 a.m., Resident #28 asleep in the lounge in his reclining wheelchair with the tv on in the background. Resident #28's Activity Log identified the following: * May 2019: daily conversation, grooming, hallway, tv (day room/resident's room) walking/wheelchair, and one hair cut. Individualized activities included one devotion, holiday meal, and music program. * June 2019: daily conversation, grooming, hallway, music, sunroom, tv (day room/resident's room), and walking/wheelchair. Individualized activities included one holiday meal, music program, pastor visit, and social hour, two church services, and fourteen devotions. * July 2019: daily conversation, grooming, hallway, sunroom, tv (day room/resident's room), and walking/wheelchair. Individualized activities included one holiday meal and sensory activity, and two social hours and word games. The activity log showed staff offered Resident #28 religious activities on 18 of the 66 days identified on the log. Staff failed to offer Resident #28 any outdoor activities.	F 679		

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F 679	Continued From page 4 - Review of Resident #34's medical record occurred on all days of the survey. The current care plan stated, ". . . Per interview for preferences for customary routines, the following were indicated . . . Somewhat important . . . going outside for fresh air when weather is nice . . . doing favorite activities, and participating in religious programs. Follow [Resident #34's] preferences for customary routines as closely and reasonably as possible . . ." Observations identified the following: * 07/09/19 at 7:17 a.m., Resident #34 sat in the lounge in his wheelchair with the tv on in the background. * 07/09/19 at 9:08 a.m., 10:22 a.m., 12:55 p.m., and 3:12 p.m., Resident #34 asleep in the lounge in a recliner with the tv on in the background. * 07/10/19 at 8:22 a.m., Resident #34 participated in restorative therapy, and then staff transported him back to the lounge. * 07/10/19 at 9:00 a.m., a CNA (#7) toileted Resident #34 and then transported him back to the lounge. * 07/10/19 at 1:10 p.m., Resident #34 sat in the lounge in his wheelchair with the tv on in the background. Resident #34's Activity Logs identified the following: * May 2019: daily conversation, grooming, hallway, sunroom, tv (day room/resident's room) and walking/wheelchair, and one hair cut. Individualized activities included one baking activity, church service/pastor visit, and holiday meal/party, and two sports activities. * June 2019: daily conversation, grooming,	F 679		

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F 679	Continued From page 5 hallway, sunroom, tv (day room/resident's room), and walking/wheelchair, and one haircut. Individualized activities included two outdoor activities, three baking activities and holiday meals/parties, and nine coffee breaks. * July 2019: daily conversation, grooming, hallway, sunroom, tv (day room/resident's room), and walking/wheelchair. Individualized activities included one holiday meal, activity involving pets, snack, and social hour, and two letters. The activity log showed staff offered Resident #34 outdoor and religious activities on 3 of the 61 days identified on the log. During an interview on 07/10/19 at 2:00 p.m., an activity staff member (#8) explained the following: * Conversation: "Any staff who visit, the times vary - maybe 5-10 minutes." * Grooming: "Cares." * Hallway: "Out of room with RT [restorative therapy]." * Music: "TV is on in room, on music channel." * Sunroom: "RT walks him by the sun room every day, he might sit out there." * TV (day room/resident's room): "TV is on in the area/room." * Walking/wheelchair: "That's how he gets from his room to the dining room or day area." The activity staff member (#8) did agree these items did not reflect Resident #28 or #34's personal preferences. The facility failed to provide appropriate activities for Residents #28 and #34 that enhanced their quality of life.	F 679		
F 692	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)	F 692		8/14/19

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F 692	Continued From page 6 §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE 12/20/18 SURVEY. Based on observation, record review, review of facility policy and staff interview, facility staff failed to offer fluids to 3 of 12 sampled residents (Resident #1, #7, and #14) who required staff assistance for fluid intake and are at risk for dehydration. Failure to provide assistance with fluid intake may result in dehydration, constipation, and urinary tract infections (UTIs). Findings include: Review of the facility policy titled "Hydration	F 692		

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F 692	Continued From page 7	F 692		

Management" occurred on 07/11/19. This policy, revised 12/24/18, stated, ". . . Staff will provide fluids consistently throughout the day and when awake at night . . . Nursing staff will offer fluids to each resident every time they enter the resident's room . . ."

- Review of Resident #1's medical record occurred on all days of the survey. Diagnoses included dementia. The quarterly Minimum Data Set (MDS), dated 06/24/19, identified severely impaired cognition and extensive assistance of 2 staff with activities of daily living (ADLs). The current care plan stated, " . . . Assist and encourage fluids before leaving her room and when she is in the common area . . ."

Observation on 07/09/19 at 8:39 a.m., showed two certified nursing assistants (CNA) (#2 and #3) provided cares to Resident #1 and failed to offer fluids during or after cares.

Observation on 07/09/19 at 1:33 p.m., showed two certified nursing assistants (CNA) (#3 and #4) provided cares to Resident #1 and failed to offer fluids during or after cares

- Review of Resident #7's medical record occurred on all days of the survey. Diagnoses included dementia and a hospitalization on 03/26/19 for dehydration. The current care plan stated, " . . . Assist and encourage fluids before leaving her room and when she is in the common area . . ."

Observation on 07/09/19 at 8:25 a.m., showed a licensed nurse (#5) provided cares to Resident #7 and failed to offer fluids during or after cares.

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F 692	Continued From page 8 - Review of Resident #14's medical record occurred on all days of the survey. The quarterly MDS, dated 04/25/19, identified severely impaired cognition and extensive assistance of 2 staff with ADLs. Diagnoses included dementia and constipation. The current care plan stated, " . . . nectar thickened liquids . . . Assist and encourage fluids before leaving his room and when he is in the common area. . . ." Observation on 07/09/19 at 8:25 a.m., showed two CNAs (#2 and #4) provided cares to Resident #14 and failed to offer fluids during or after cares. During an interview on the morning of 07/11/19, an administrative nurse (#1) stated she expected staff to offer fluids with all cares.	F 692		
F 883	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes	F 883		8/14/19

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F 883	Continued From page 9 documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:	F 883		

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F 883	Continued From page 10 Based on record review, review of facility policy, review of the Centers for Disease Control and Prevention (CDC) guidelines and recommendations, and staff interview, the facility failed to assess each resident's pneumococcal status and provide education to residents and/or their legal representatives regarding the benefits and potential side effects of receiving the vaccination for 3 of 5 sampled residents (Resident #19, #22, and #23) reviewed for immunization status. Failure to offer pneumococcal vaccine to all residents, provide education to residents and their legal representatives, and document the administration or refusal has the potential for non-immunized residents to contact pneumonia and also spread the infection to other residents, visitors, and staff. Findings include: Review of the facility policy titled "Influenza and Pneumococcal Immunizations" occurred on 07/11/19. This policy, dated 09/13/17, stated, "Western Horizon Care Center will offer influenza and pneumococcal immunizations to all residents. . . . Each resident will be offered a pneumococcal immunization (PCV13 and Pneumovax 23 per CDC guidelines, unless the immunization is medically contraindicated, the resident has already been immunized or the resident refuses . . . Before offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization . . . If the resident does receive the pneumococcal immunization, the following information will be documented in PCC [point click care]: . . . . Date	F 883		

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F 883	Continued From page 11 of immunization . . . Site of immunization . . . Nursing administering immunization . . . Lot number . . . Manufacture . . . Expiration date . . ." Review of the CDC: Vaccines and Preventable Diseases webpage(https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html), last reviewed December 6, 2017, stated, ". . . CDC recommends pneumococcal vaccination (PCV13 or Prevnar13, and PPSV23 or Pneumovax23) for all adults 65 years or older: Give a dose of PCV13 to adults 65 years or older who have not previously received a dose. Then administer a dose of PPSV23 at least 1 year later. If the patient already received one or more doses of PPSV23, give the dose of PCV13 at least 1 year after they received the most recent dose of PPSV23. . . ." - Review of Resident #19's medical record occurred on 07/11/19. The resident was admitted in August 2014. The record showed Resident #19 received the "pneumonia vaccine" on 09/15/13. The record lacked documentation of which vaccine the resident received. The record lacked evidence the facility assessed the resident's pneumococcal immunization status and/or provided education to the resident and/or their legal representative. - Review of Resident #22's medical record occurred on 07/11/19. The resident was admitted in February 2015. The record showed Resident #22 received the PCV13 vaccine on 01/06/15 (prior to admission). The record lacked evidence the facility assessed the resident's pneumococcal immunization status for the PPSV23	F 883		

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F 883	Continued From page 12 immunization and/or provided education to the resident and/or their legal representative. - Review of Resident #23's medical record occurred on 07/11/19. The resident was admitted in October 2008. The record showed Resident #22 received the pneumococcal vaccine on 02/16/1995 (prior to admission). The record lacked evidence the facility assessed the resident's pneumococcal immunization status and/or provided education to the resident and/or their legal representative. The facility failed to follow their policy and the CDC recommendations for pneumococcal vaccine administration. During an interview on 07/09/19 at 3:00 p.m., an administrative nurse (#6) verified the facility failed to assess residents for pneumococcal immunization and/or follow the CDC recommendations for the pneumococcal vaccinations.	F 883		