STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355082	A. BUILDING _____ B. WING _____	C 10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMP HEALTH - AVE MARIA	**501 19TH ST NE JAMESTOWN, ND 58401**

(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 and complaints survey started on 10/09/23 and concluded 10/12/23. During the complaints investigation, the issues identified by the complainants were found to be in compliance with regulatory requirements.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide treatment in accordance with the resident's plan of care for 1 of 2 sampled residents (Resident #49) with a history of a diabetic heel ulcer. Failure to apply heel protecting boots as ordered may result in the reoccurrence or worsening of heel ulcers. Findings include: Review of Resident #49's medical record occurred on all days of survey. Diagnoses included Type II Diabetes Mellitus and a history of diabetic heel ulcer (healed in August 2023). A physician's order, dated 08/22/23, stated, "Prevalon boot [heel protecting soft boots] to BLE [bilateral lower extremities] when in bed."	F 684	1. The facility will ensure that for any residents with doctor□s orders to wear heel protecting soft boots that orders will be followed in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents□ choice. For Resident #49, staff were educated to ensure that doctor□s orders are followed. 2. All residents who have orders for heel protecting soft boots have the potential to be affected. 3. CNA staff were provided education on 10/12/2023 at the monthly CNA meeting. Nursing staff were provided education on	11/16/23

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

Electronically Signed | 10/23/2023

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F 684	Continued From page 1 Observations on the morning of 10/10/23 and afternoon of 10/10/23 showed Resident #49 resting in bed without heel boots on her feet. Observation showed her heels rested on the mattress. During an observation on the afternoon of 10/11/23, a nurse (#2) entered Resident #49's room, gave the heel boots to two certified nurse aides (CNAs) (#3 and #4), and indicated Resident #49 needed to wear them in bed.	F 684	10/19/2023 at the monthly nurses meeting. All staff will be educated on 10/25/2023 and 10/26/2023 at the All-Team meeting. 4. A QA tool has been developed and a random audit will begin the week of 10/23/2023 for ten residents and will be completed weekly for twelve weeks then monthly thereafter ongoing by the QAPI Manager, Nurse Manager, or designee to ensure that doctor s orders to wear heel protecting soft boots are being followed in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents choice. The results will be discussed at the monthly QAPI meetings with action and follow-up completed as necessary. 5. 11/16/2023	
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.	F 849		11/16/23

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F 849	Continued From page 2 §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the	F 849		

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F 849	Continued From page 3	F 849		

determination to change the level of services provided.
(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.
(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.
(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.
(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.
(K) A delineation of the responsibilities of the

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F 849	Continued From page 4 hospice and the LTC facility to provide bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form.	F 849		

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F 849	Continued From page 5 (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to ensure residents' records contained the hospice election form and the certification of a terminal illness for 3 of 4 sampled residents (Resident #53, #86, and #88) receiving hospice services. Failure to obtain these documents limits staff's ability to ensure coordination of care between the facility and the hospice. Findings include:	F 849	1. The facility will ensure that for any residents on hospice the residents' records will contain the hospice election form and the certification of a terminal illness. For Resident #53, Resident #86, and Resident #88, the hospice election form and the certification of a terminal illness were requested by the facility from hospice on 10/11/2023 and obtained the same day 10/11/2023 and placed in the residents' records within Point Click Care.	

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F 849	Continued From page 6 Review of the facility policy titled "Hospice Care" occurred on 10/11/23. This policy, dated January 2022, stated, ". . . Documentation and maintenance of the hospice record: [name of facility] will maintain its own resident documentation system . . . physician orders and other relevant documentation in order to facilitate communication between the caregivers. . . ." - Review of Resident #53's medical record occurred on all days of survey. Resident #53 elected Hospice services on 08/11/23. The medical record lacked the Certificate of Terminal Illness completed by the Hospice provider. - Review of Resident #86's medical record occurred on all days of survey. The resident/resident's representative elected hospice and services began on 05/26/23. The medical record lacked the hospice election form and the physician's certification and recertification of the terminal illness. - Review of Resident #88's medical record occurred on all days of survey. The resident's representative elected hospice and services began on 08/15/23. The medical record lacked the hospice election form and the certification of terminal illness. During an interview on 10/11/23 at 11:15 a.m., an administrative nurse (#1) confirmed the medical record lacked the election form and the certification/recertification of terminal illness related to hospice.	F 849	2. All residents on hospice have the potential to be affected. 3. CNA staff were provided education on 10/12/2023 at the monthly CNA meeting. Nursing staff were provided education on 10/19/2023 at the monthly nurses' meeting. All staff will be educated on 10/25/2023 and 10/26/2023 at the All-Team meeting. 4. A QA tool has been developed and a random audit will begin the week of 10/23/2023 on all residents on hospice and will be completed weekly for twelve weeks then monthly thereafter ongoing by the QAPI Manager, Nurse Manager, or designee to ensure for any residents on hospice that the residents' records contain the hospice election form and the certification of a terminal illness. The results will be discussed at the monthly QAPI meetings with action and follow-up completed as necessary. 5. 11/16/2023	