STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355092	A. BUILDING _____ B. WING _____	02/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOME OF COMFORT INC	95 HILL TOP DR KILLDEER, ND 58640

(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, started on 02/11/13 and completed on 02/13/13, the sample included 2 residents for complete review, 8 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000		
F 203 SS=B	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.	F 203	F 203 1. Residents #1, #4,& # 5 will have completed notification of resident and/or family member in writing prior to a transfer to the hospital, including destination, reason for the transfer and the resident's right to appeal the action. 2. The facility must notify all residents and/or family members prior to a resident's transfer to the hospital. 3. The facility will notify the resident and/or family member in writing and in a language and manner they understand prior to a transfer or discharge; according to Regulation 483.12 (a) (2-7). The written notice must include reason for transfer, effective date of the transfer, location of the transfer and the right to appeal. Transfer notification procedures and the use of the	3/27/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Admin	03/05/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 203	Continued From page 1 The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, family interview, and review of facility policy and procedure, the facility failed to notify the resident and/or the resident's family/legal representative, in writing, of a transfer, including the destination and the reason for the transfer, and the resident's right to appeal the action, for 3 of 5 sampled residents (Resident #1, #4, and #5) transferred to the hospital. Findings include: Review of the facility policy titled "Resident	F 203	Notification of Transfer for Hospitalization, Therapeutic Leave and Bed Hold form were reviewed at the Charge Nurse meeting on 2/26/13. The green Department Notification Form will be changed to include a reminder to complete the Notification of Transfer for Hospitalization, Therapeutic Leave and Bed Hold form. Charge nurses will complete the form prior to sending a resident to the hospital for treatment and possible admission. 4. The business office will audit files of residents which were admitted to the hospital for completion of the transfer notice at one, two and three months to assure compliance. Findings will be reported to the QA committee. 5. Completion date 3/27/13.	

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F 203	Continued From page 2 Transfer to Acute Care Facility" occurred on 02/13/13. This policy, dated 10/04/99, stated, ". . . 1. Obtain doctor's order for transfer and mode of transportation . . . 7. Paperwork to send: a. completed transfer sheet (send original, keep copy for chart) . . ." - Review of Resident #5's medical record occurred on all days of survey. The record showed the facility transferred Resident #5 to the hospital on 08/27/12. - Review of Resident #1's medical record occurred on all days of survey. The record showed the facility transferred Resident #1 to the hospital on 08/02/12. - Review of Resident #4's medical record occurred on all days of survey. The record showed the facility transferred Resident #4 to the hospital on 11/21/12. A family interview occurred on 02/12/13 at 6:40 p.m. When asked if he/she received a notice of transfer when the facility transferred Resident #4 to the hospital, the family member (#1) stated he/she could not recall receiving the notice. The records for all three residents lacked evidence the facility provided the residents and/or their family/legal representative written notice of the transfers, including the reason for the transfers, the effective date of the transfers, the location to which they transferred the residents, and the right to appeal the actions. On the mornings of 02/12/13 and 02/13/13, an administrative nurse (#2) stated staff had not provided notices of transfers for Resident #1, #4,	F 203		

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F 203	Continued From page 3 and #5.	F 203		
F 205 SS=C	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, family interview, and review of facility policy, the facility failed to provide a bed-hold notice upon transfer for 5 of 5 sampled residents (Resident #1, #4, #5, #9, and #10) who were transferred to the hospital or went out on therapeutic leave. Failure to provide notice of the facility's bed-hold policy did not allow residents or their legal representatives to make informed choices regarding their rights. Findings include:	F 205	F 205 1. Residents #1,#4, #5, #9, and #10 and/or their family members will be given written notice that specifies the duration of the bed hold policy when the resident is transferred to a hospital or goes on therapeutic leave. 2. Prior to a resident transferring to a hospital or going on a therapeutic leave, the resident and /or family member needs notice of the duration of the bed hold policy. 3. On the Notification of Transfer for Hospitalization, Therapeutic Leave and Bed Hold form, the facility will notify the resident and/or family member of the duration of the bed hold policy. Bed hold policies and the use of the Notification of Transfer for Hospitalization, Therapeutic Leave and Bed Hold form were reviewed at the Charge Nurse meeting on 2/26/13. The green Department Notification Form will be changed to include a reminder to complete the Notification of Transfer for	3/27/13

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F 205	Continued From page 4 Review of the facility policy titled "Resident Transfer to Acute Care Facility" occurred on 02/13/13. This policy, dated 10/04/99, stated, ". . . 1. Obtain doctor's order for transfer and mode of transportation . . . 10. Documentation should include: a. A completed bed hold form, if the bed is to be held (original goes to the resident, two copies to the office) . . ." - Review of Resident #5's medical record occurred on all days of survey. The record showed the facility transferred Resident #5 to the hospital on 08/27/12. Resident #5 returned to the facility 08/31/12. - Review of Resident #10 medical record occurred on 02/13/13. The record showed Resident #10 on therapeutic leave from 09/07/12 to 09/09/12 and 12/21/12 to 12/27/12. - Review of Resident #1's medical record occurred on all days of survey. The record showed the facility transferred Resident #1 to the hospital on 08/02/12. - Review of Resident #4's medical record occurred on all days of survey. The record showed the facility transferred Resident #4 to the hospital on 11/21/12 at 1:56 p.m. A family interview occurred on 02/12/13 at 6:40 p.m. When asked if he/she received a bed hold notice when the facility transferred Resident #4 to the hospital, the family member (#1) stated he/she could not recall receiving the notice. - Review of Resident #9's medical record occurred on all days of survey. The record	F 205	Hospitalization, Therapeutic Leave and Bed Hold form. Charge nurses will complete the notification (with the duration date) prior to sending a resident to the hospital or for a therapeutic leave. 4. The business office will audit files of residents which were admitted to the hospital or those who have been on therapeutic leave for completion of the duration of bed hold at one, two and three months to assure compliance. Findings will be reported to the QA committee. 5. Completion Date 3/27/13.	

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F 205	Continued From page 5 showed the facility transferred Resident #9 to the hospital on 12/10/12 and 12/31/12. During interviews on 02/12/13 and 02/13/13, an administrative nurse (#2) stated no transfer forms or bed holds could be found for Resident #1, #4, or #5's hospitalizations. During an interview on 02/13/13 at 8:15 a.m., an administrative nurse (#3) stated the facility did not complete bed holds for residents on therapeutic leave. During an interview on 02/13/13 at 10:15 a.m., two administrative nurses (#2 and #3) stated bed hold forms were not completed for Resident #9's hospital admissions in December.	F 205		
F 372 SS=B	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the containment of garbage in 2 of 2 garbage dumpsters. Failure to ensure containment of garbage increases the potential for pest and rodent infestation. Findings include: - Observation of the facility dumpsters occurred on 02/12/13, at 2:05 p.m., with a dietary supervisor (#1). Observation showed a bag of aluminum cans protruding above the rim of the	F 372	F 372 1. Both dumpster's lids will remain closed with garbage contained. 2. The above are the only dumpsters for the facility. 3. Dumpsters will remain closed with garbage contained. Reminders given at departmental meetings in nursing and dietary the week of 2/25-3/1/13. A sign will be posted at the exit near the dumpster with instructions to keep lids secure.	3/27/13

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F 372	Continued From page 6 smaller dumpster propping the lid open approximately eight inches on one side. A bag of aluminum cans sat on top of a closed lid of this dumpster. Observation of the larger facility dumpster showed a lid propped open, approximately 10 inches, by a sack of garbage protruding from and leaning over the side of the dumpster. The dietary supervisor (#1) manipulated the garbage bag and closed the lid. Observation showed the end of the dumpster farthest from the building had space for more garbage bags. During an interview on 02/12/13 at 2:05 p.m., a dietary supervisor (#1) stated staff know they are to close the dumpster lids.	F 372	4. The QA coordinator will monitor that dumpster lids are secure daily x 1 week, then weekly x 3 and at 2 and 3 months. Findings will be reported to the QA committee. 5. Completion date 3/27/13.	