STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355114	A. BUILDING _____ B. WING _____	C 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH DAKOTA VETERANS HOME	1600 VETERANS DRIVE LISBON, ND 58054

(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 06/24/24 and concluded 06/27/24.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 15 sampled residents (Resident #34). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents. Findings include: The Long-Term Care Facility RAI User's Manual, revised October 2023, page A6, stated, ". . . Coding Instructions for A0310E, Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the Most Recent Admission/Entry or Reentry? . . . Code 1, yes: if this assessment is the first of these assessments since the most recent admission/entry or reentry." Pages J-30 and J-31, stated, ". . . J1700. Fall History on Admission/Entry or Reentry. Complete only if . . . A0310E = 1 . . . Coding Instructions for J1700A,	F 641	- For Resident #34, a Correction Minimum Data Set with assessment date of 5/17/2024 was created and transmitted to CMS on 6/27/2024. Validation report indicated assessment was accepted. - Previous assessments completed since 8/2/2023 as Discharge Return Anticipated, will be identified. For each identified assessment, North Dakota Veterans Home will fully review the following assessment to ensure A0310E is correctly coded. Any assessments identified as coded incorrectly will have a Correction Minimum Data Set assessment completed and submitted. - Education on accurate coding of Minimum Data Set in reference to A0310E will be provided to staff responsible for completing Minimum Data Set assessments. North Dakota Veterans Home currently works with SimpleLTC, a predictive analytic software for Minimum Data Set's. North Dakoata Veteran Home's continues to work with Simple LTC for software improvement updates to highlight and notify code discrepancies related to A0310E.	8/16/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Wanda Cavett Digitally signed by Wanda Cavett Date: 2024.08.02 10:05:53 -05'00'	DON	8/2/24

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 641	Continued From page 1 Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? . . . Code 1, yes: if resident or family report or transfer records or medical records document a fall in the month preceding the resident's entry date item (A1600)." Review of Resident #34's medical record occurred on all days of survey and identified the facility transferred the resident to the hospital after a fall on 05/06/24. The resident returned to the facility on 05/10/24. Review of Resident #34's MDSs showed the facility completed the following: * 05/06/24, Discharge Return Anticipated (an OBRA assessment) * 05/10/24, Entry (back to the facility) * 05/17/24, Significant Change (an OBRA assessment) Review of the 05/17/24 significant change MDS identified the facility coded A0310E as "0, no" rather than "1 yes" as the first assessment since reentry on 05/10/24. Review of J1700A identified the facility coded "0", no falls in the last month prior to reentry. Resident #34's medical record identified a fall on 05/06/24. The facility failed to accurately code A0310E and J1700A on Resident #34's significant change MDS.	F 641	- QAPI manager and designees will review all Minimum Data Set assessments, completed following a Discharge Return Anticipated, for correct coding. Review will be completed monthly for six (6) months. Monthly results will be reviewed by the QAPI Committee until such time consistent compliance has been achieved as determined by the committee.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program	F 880	- Education on dressing change procedure, and hand hygiene, will be provided to Staff Member #2 by 8-1-2024. Education will include completion of Validation Checklist/Return Demonstration.	8/16/24

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F 880	Continued From page 2 designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the	F 880	- Any resident requiring dressing change has the potential to be affected. - North Dakota Veteran Home "Clean Dressing Policy" was updated to include additional details in reference to standard and transmission-based precautions to prevent the spread of infections. Education on North Dakota Veteran Home's updated "Clean Dressing Policy" along with a review of Hand Hygiene and Personal Protective Equipment (PPE) will be provided to all licensed nursing staff. Following the education, validation checklist/return demonstrations will be completed with each nurse to determine if the nurse performs the procedure correctly. Dressing change validation checklist/ return demonstration will be added to yearly North Dakota Veterans Home staff nurse competencies. North Dakota Veteran Home will add the requirement of a completed Validation checklist/return demonstration for both dressing change and hand hygiene for Agency nursing staff during their orientation. - QAPI manager and designees will observe a random number of dressing changes, weekly for two (2) months and every other week for two (2) months to assure infection control practices are followed during and following completion of dressing changes.	

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F 880	Continued From page 3 least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to follow infection control practices for 1 of 1 sampled resident (Resident #32) observed during a dressing change. Failure to perform hand hygiene during and after a dressing change may result in an infection or worsening of the affected area and a delay in healing. Finding include: Review of the facility policy titled "CLEAN DRESSING CHANGE" occurred on 06/27/24. This policy, dated May 2023 stated, ". . . 9. Loosen the tape and remove existing dressing. . .	F 880	Monthly results will be reviewed by the QAPI Committee until such time consistent compliance has been achieved as determined by the committee.	

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F 880	Continued From page 4 . 10. Remove gloves . . . 11. Complete hand hygiene and put on clean gloves. . . . 16. Discard disposable items and gloves into appropriate trash receptacle and wash hands. . . ." Observation on 06/25/24 at 9:49 a.m. showed a nurse (#2) performed hand hygiene and donned gloves. The nurse removed the old dressing from the resident's foot, cleansed the wound with saline, applied a barrier cream and rubbed lotion on the resident's legs. The nurse (#2) then removed the soiled gloves, and without performing hand hygiene donned new gloves, applied a clean dressing to the wound, and wrapped the resident's foot with a protective dressing. The nurse, removed her gloves, and without performing hand hygiene exited the resident's room. During an interview on 06/27/24 10:16 a.m., an administrative staff member (#1) stated she expected staff to follow infection control practices and perform hand hygiene after removing dirty gloves and applying new gloves and following a dressing change.	F 880		