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 _____	06/27/2018

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 06/25/18 and concluded on 06/28/18.	F 000		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, procedure review, and staff interview, the facility failed to ensure a medication error rate of less than five percent (%) for 2 of 8 residents (Resident #43 and #51) observed during medication pass. Two medication errors occurred during staff administration of 34 medications, resulting in a 5% error rate. Failure to correctly administer insulin may alter the therapeutic effect and/or result in adverse side effects. Findings include: Review of the facility procedure titled "Insulin Pen Use" occurred on 06/27/18. This undated procedure stated, ". . . Put the needle straight into the skin . . . Using your thumb, push the end of the pen down slowly until the dose of insulin is in. Make sure the needle is all the way in the skin before pushing in the insulin. Once dose is in count to 10, do not count until AFTER dose counter is at 0. . . . Pull the needle out. . . ." - On 06/26/18 at 4:30 p.m., observation showed	F 759	Preparation and or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility□s credible allegation of compliance. 1.) Insulin Pen Education and Use training was completed with nurses and medication aides on June 28, 2018. Education covered the use of insulin pen and steps for correct administration.	8/10/18

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

Electronically Signed | 07/18/2018

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 _____	06/27/2018

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 759	Continued From page 1 a medication aide (MA) (#1) administered 18 units of NovoLog insulin to Resident #43 per FlexPen. After pushing the end of the pen down until the dose counter reached zero (injecting the insulin), the MA lifted the pen from the resident's arm. The MA failed to hold the needle in place for a count of ten. - On 06/26/18 at 5:04 p.m., observation showed a medication aide (MA) (#1) administered 8 units of NovoLog insulin to Resident #51 per a FlexPen. After pushing the end of the pen down until the dose counter reached zero, the MA lifted the pen from the resident's arm. The MA failed to hold the needle in place for a count of ten. During an interview on 06/27/18 at 10:40 a.m., an administrative nurse (#2) stated staff should hold an insulin pen in place "for 6-10 seconds" after an injection.	F 759	Pre and post knowledge tests were included. 2.) Orders reviewed to identify all residents who receive insulin via insulin pen. 3.) Insulin Administration, Vial and Pen Policy was updated to clearly include directions on: after the dosage count hits zero, the plunger needs to remain depressed and needle needs to remain in the skin for up to 6-10 seconds. Insulin pen return competency demo will be completed with all nurses and medication aides by July 27, 2018. Medication pass evaluation, which is completed with all nurses and medication aides yearly, was reviewed and updated to include the need to keep plunger depressed and needle in skin for the required 6-10 seconds. 4.) Random Insulin Pen administration audits, to include 10% of nurse and medication aides, will be conducted weekly for two weeks, then every month	

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 _____	06/27/2018

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 759	Continued From page 2	F 759	for 3 months, followed by quarterly for one year to ensure compliance. Audit results will be reviewed by the Quality Assurance Performance Improvement committee until such time consistent substantial compliance has been achieved as determined by the committee.	