STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355116	A. BUILDING _____ B. WING _____	05/05/2010

MAY 28 2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE LUTHERAN HOME	501 3RD AVE W 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 For the standard Medicare/Medicaid recertification survey started on 05/03/10 and completed on 05/05/10 the sample included 2 residents for complete review, 7 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 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy/procedure, and staff interview, the facility failed to implement adequate interventions to ensure 1 of 1 sampled resident (Resident #9) with a bowel elimination problem received the necessary care and services to maintain the highest practicable physical well-being. Failure to provide nursing/dietary interventions in a timely manner resulted in the resident having a continued problem with constipation. Findings include: Review of the facility policy titled "POLICY AND PROCEDURE FOR CONSTIPATION" occurred on 05/05/10. This policy, dated 10/14/08, stated, "1. If resident has not had a bowel movement for	F 309	F 309 The facility policy and procedure for constipation was revised to include more specific details and procedures for tracking residents who may be at risk of constipation. All Nursing staff were in-serviced on the revised policy and procedure on 5/12/2010. All residents including resident #9 have the potential to be effected by this deficient practice should the facility fail to ensure that interventions for constipation are implemented in a timely manner. The Director of Nursing, or designee will randomly audit 2 charts 5 times per month (total of 10) to ensure that residents at risk of constipation are identified and proper interventions are being implemented. The Director of Nursing will report the results of the audits quarterly to the QA Committee.	5/27/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	5/27/10

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.

PRINTED: 05/11/20
FORM APPROVE
OMB NO. 0938-03

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy/procedure, and staff interview, the facility failed to implement adequate interventions to ensure 1 of 1 sampled resident (Resident #9) with a bowel elimination problem received the necessary care and services to maintain the highest practicable physical well-being. Failure to provide nursing/dietary interventions in a timely manner resulted in the resident having a continued problem with constipation. Findings include: Review of the facility policy titled "POLICY AND PROCEDURE FOR CONSTIPATION" occurred on 05/05/10. This policy, dated 10/14/08, stated, "1. If resident has not had a bowel movement for	F 309	F 309 The facility policy and procedure for constipation was revised to include more specific details and procedures for tracking residents who may be at risk of constipation. **Care Plans and treatment plans for all residents at risk for constipation, including Resident #9 were updated to reflect facility policy changes.** All Nursing staff were in-serviced on the revised policy and procedure on 5/12/2010. All residents including resident #9 have the potential to be effected by this deficient practice should the facility fail to ensure that interventions for constipation are implemented in a timely manner. **For the next year** the Director of Nursing, or designee will randomly audit 2 charts 5 times per month (total of 10) to ensure that residents at risk of constipation are identified and proper interventions are being implemented. The Director of Nursing will report the results of the audits quarterly to the QA Committee.	

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined tha other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 day 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 1 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 309	Continued From page 1	F 309		

three full days (nine shifts), the day nurse will give M.O.M. or bisacodyl tablet per standing orders with am med [medication] pass of the fourth day. 2. If resident does not receive results from M.O.M. or bisacodyl tablet, a suppository will be administered per standing orders by the night nurse in the early a.m. of the fifth day. 3. If resident still does not receive results a repeat of suppository or a fleets enema may be administered per standing orders by the night nurse in the early a.m. of the sixth day. . . ."

Review of Resident #9's medical record occurred on May 4-5, 2010. Scheduled medications included Colace twice a day. As needed (PRN) medications, per physician standing orders, included bisacodyl tablets and bisacodyl suppositories. Review of the nutritional information book showed Resident #9 received four ounces of prune juice twice a day. The medical diagnoses, quarterly assessments and bowel assessments, nutritional assessments, and plan of care failed to indicate a problem or concern of constipation.

Review of Resident #9's bowel records and medication administration records (MARs) revealed facility staff failed to follow a consistent plan of treatment to prevent constipation. The bowel records and MARs showed the following:

* A BM on 07/29/09 and 08/04/09, five days without a BM. Administration of a bisacodyl suppository occurred on day six (08/04/09).
* A BM on 08/04/09 and 08/09/09, four days without a BM.
* A BM on 08/11/09 and 08/16/09, four days without a BM.
* A BM on 08/16/09 and 08/22/09, five days without a BM. Administration of a bisacodyl

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F 309	Continued From page 2 suppository occurred on day six (08/22/09). * A BM on 08/26/09 and 08/31/09, four days without a BM. Administration of bisacodyl tablets occurred on day five (08/31/09). * A physicians order, dated 10/06/09, identified the initiation of Miralax 17 grams every other day. * A BM on 10/10/09 and 10/15/09, four days without a BM. Administration of bisacodyl tablets occurred on day five (10/15/09). * A BM on 10/19/09 and 10/24/09, four days without a BM. * 11/11/09, a physicians order to discontinue Miralax and use fiber juice PRN. The medical record failed to identify the use of fiber juice. * A BM on 12/18/09 and 12/23/09, four days without a BM. * A BM on 01/19/10 and 01/24/10, four days without a BM. * A BM on 01/24/10 and 01/29/10, four days without a BM. * A BM on 02/21/10 and 02/27/10, five days without a BM. Administration of bisacodyl tablets occurred on day five (02/26/09) and a bisacodyl suppository on day six (02/27/09). * A BM on 03/11/10 and 03/17/10, five days without a BM. * A BM on 03/17/10 and 03/23/10, five days without a BM. Administration of bisacodyl tablets occurred on day four (03/21/10) and a bisacodyl suppository on day five (03/22/10). * A BM on 04/10/10 and 04/15/10, four days without a BM. * A BM on 04/19/10 and 04/24/10, four days without a BM. Administration of a bisacodyl suppository occurred on day five (04/24/10). * A BM on 04/25/10 and 04/30/10, four days without a BM. During an interview on 05/04/10 at 5:45 p.m.	F 309		

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F 309	Continued From page 3 regarding Resident #9's constipation, an administrative nurse (#1) stated she expected nursing staff members to follow the facility's policy and procedure for constipation. Even though Resident #9's medical record revealed a problem with bowel elimination/constipation, the plan of care failed to identify the problem and failed to identify specific interventions for managing bowel elimination. Failure to identify the problem resulted in non-communication between nursing staff, dietary staff, and Resident #9's physician. Failure to follow a specific bowel program resulted in Resident #9's continued ongoing problem of constipation.	F 309		