STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	07/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	750 MAIN ST E MAYVILLE, ND 58257

(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 July 8, 2013 and completed on July 11, 2013 the sample included four (4) residents for complete review, twelve (12) residents for focused review, and three (3) closed records for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 494 SS=D	483.75(e)(2)-(3) NURSE AIDE WORK > 4 MO - TRAINING/COMPETENCY A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b). A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.	F 494	Corrective action was accomplished by having CNA license numbers and expiration dates added to the electronic payroll system (see attachment #1) and also by Excel format to sort by date (see attachment #2). 2. All residents have the potential to be affected by this. 3. The facility put the following measure into place: A) CNA expiration dates were added to the electronic payroll system (see attachment #1) and also by Excel format (see attachment #2). 4. Our facility plans on monitoring as follows: A) Human Resource Manager or designated staff person will do a monthly QA audit x2 months (see attachment #3). 5. Corrective action will be accomplished by 8-15-13.	8-15-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Julie Hanson, RN DON | TITLE | (X6) DATE: 7-26-13

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 494	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on review of the state nurse aide registry files, facility record review, and staff interview, the facility failed to ensure 1 of 6 nursing assistants (Individual A) working with residents in the facility remained certified. Individual A provided 144 hours of nursing related services without the facility verifying competency through certification. Failure to ensure certification of caregivers has the potential to affect resident care. Findings include: Review of employee files on 07/10/13 at 12:30 p.m. with an administrative staff member (#3) revealed Individual A's certification expired on 01/31/13. This nursing assistant worked with residents in the facility without certification for a total of 144 hours between 02/01/13 and 03/03/13. During an interview on the afternoon of 07/19/13, an administrative staff member (#4) verified Individual A's certification expired and the facility's process failed to identify the expired certification.	F 494		