STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355101	A. BUILDING _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAKOTA ALPHA	1303 27TH STREET NW MANDAN, ND 58554

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 03/14/22 and concluded on 03/16/22.	F 000		
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;	F 623		3/21/22

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

Electronically Signed | 03/31/2022

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F 623	Continued From page 1 (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the	F 623		

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F 623	Continued From page 2 agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide the resident or their representative and/or the State Long Term Care (LTC) Ombudsman a written notice of transfer for 4 of 4 sampled residents (Resident #4, #6, #19 and #20) with a recent hospital transfer. Failure to provide a notice of transfer does not allow the resident and/or their representative to make an informed decision regarding their rights or inform the Ombudsman of the transfers. Findings include:	F 623	1. The Director of Nursing, Assistant Director of Nursing, Administrator, or other designee reviewed all transfer/discharges for all residents to ensure that the ombudsman is notified within 30 days of a transfer/discharge and that the transfer log is up to date. It was determined for residents 4, 6, 19 and 20 no correction could be completed due to more than 30 days since transfer/discharge occurred. 2. The facility has determined that any	

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F 623	Continued From page 3 Review of facility policy titled "Transfer and Discharge Policy and Procedure" occurred on 03/15/22. This policy, dated 12/31/19, stated, ". . . If a resident is to be transferred . . . , Dakota Alpha will give the resident . . . written notice . . . The notice will include the reason for the transfer or discharge, date of the transfer or discharge, location to where the resident is transferred or discharged, the resident's right to appeal the transfer or discharge and the mailing address to which an appeal must be sent. The notice will also include the name, address, and telephone number of the ND [North Dakota] Long Term Care Ombudsperson . . ." - Review of Resident #4's medical record occurred on all days of survey and identified a hospitalization from October 17-18, 2021. The record lacked evidence the facility provided the resident and/or the family/legal representative and State LTC Ombudsman written notice of transfer for this hospitalization. - Review of Resident #6's medical record occurred on all days of survey and identified a hospitalization from November 23-24, 2021. The record lacked evidence the facility provided the resident and/or the family/legal representative and State LTC Ombudsman written notice of transfer for this hospitalization. - Review of Resident #19's medical record occurred on all days of survey and identified a hospitalization from November 01-03, 2021. The record lacked evidence the facility provided the resident and/or the family/legal representative and State LTC Ombudsman written notice of transfer for this hospitalization.	F 623	resident has the potential to be affected. 3. Action Taken: Audits were performed by the Director of Nursing and the Administrator on transfer/discharge throughout the facility to ensure that the correct transfer/discharge forms are utilized, and the transfer/discharge log and procedure are up to date. Administrator provided education to social services addressing circumstances regarding required notices for residents upon transfer and discharge from the facility on 3/21/22. 4. The Director of Nursing, Assistant Director of Nursing, Administrator, Social Worker, or designee will conduct audits of all transfer/discharges for resident to ensure that the ombudsman is notified within 30 days of a transfer and that the transfer log is updated. All transfers/discharges at the facility will be audited weekly for 6 weeks, then monthly x 4 months, and then ongoing as needed. Audits will be submitted to the Administrator or designee for review. Results will be reviewed in QAPI quarterly meeting for 6 months and finding no trends, will be reviewed again on an as needed basis.	

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F 623	Continued From page 4 - Review of Resident #20's medical record occurred on all days of survey and identified a hospitalization from December 5-8, 2021. The record lacked evidence the facility provided the resident and/or the family/legal representative and State LTC Ombudsman written notice of transfer for this hospitalization. During an interview on 03/15/22 at 10:00 a.m., an administrative nurse (#1) confirmed staff failed to complete the notice of transfer and notify the ombudsmen of the residents' transfers to the hospital.	F 623		
F 888 SS=D	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and	F 888		3/21/22

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F 888	Continued From page 5 (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely	F 888		

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F 888	Continued From page 6 documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains: (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and	F 888		

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F 888	Continued From page 7 secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, and staff interview, the facility failed to ensure 1 of 1 staff member unvaccinated for COVID-19 met all the requirements for medical exemption (Staff AA). Failure to ensure medical exemptions contained the required information allows staff to remain unvaccinated, placing residents, staff, and visitors at risk for infection with COVID-19. Findings include: Review of the facility policy titled "Employee COVID-19 Vaccinations" occurred on 03/16/22. This policy, dated 02/16/22, stated, ". . . 'Clinical	F 888	1. The Director of Nursing contacted the staff member regarding the denial of the medical exemption. The staff member will not be scheduled until an approved exemption can be provided or vaccination status can be determined. 2. The facility has determined that any resident has the potential to be affected. 3. Action Taken: On 3/17/22 the Director of Nursing removed the staff member from the facility schedule. Staff member will not return until approved exemption or	

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F 888	Continued From page 8 contraindications'- Conditions or risks that preclude the administration of a treatment or intervention. For COVID-19 vaccines, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. . . .Vaccination against COVID-19 ensures that employees will provide a safe workplace and decrease the risk of transmission . . ." Review of the facility form titled "Employee Medical Exemption Request From the COVID-19 Vaccination Requirement" occurred on 03/16/22. This undated form stated, ". . . By attaching your signature below, you are attesting that [sic] following statements are true and accurate: . . . Your request for a long-term exemption or a temporary delay is based on a medical condition or circumstance that is recognized by the CDC [Centers for Disease Control] in its guidance and is listed in the Emergency Use Authorization [EUA] Fact Sheet for each of the COVID-19 vaccines authorized or approved for use in the United States. . . ." Review of Staff AA's "Employee Medical Exemption Request From the COVID-19 Vaccination Requirement" form and accompanying physician's note occurred on 03/16/22. Staff AA signed the Medical Exemption Request Form on 02/24/22. The physician's note, dated 08/04/21, failed to include which COVID-19 vaccines Staff AA was exempt from and failed to include medical conditions recognized by the	F 888	vaccination is received. Facility received approved exemption on 3/21/22. 4. The Director of Nursing, Administrator and VP of Human Resources will review all medical exemptions for clinical contraindications that are recognized by the CDC or listed in EUA fact sheets. Administrator or Director of Nursing will audit all new medical exemptions for covid 19 vaccination weekly for 6 weeks, then monthly for 4 months, and then ongoing as needed. Audits will be submitted to the VP of Human Resources or designee for review. Results will be reviewed in QAPI quarterly meeting for 6 months and finding no trends, will be reviewed again on an as needed basis	

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F 888	Continued From page 9 CDC or listed in the EUA fact sheets. During an interview on 03/16/22 at 11:53 a.m., an administrative nurse (#2) agreed the physician failed to list the staff member's exempted COVID-19 vaccines and the CDC recognized or EUA listed medical conditions for each vaccine.	F 888		