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 _____	05/30/2024

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

(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 05/28/24 and concluded 05/30/24.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure food is prepared and stored in a clean and sanitary manner in 1 of 1 kitchen and 1 of 1 kitchenette (Resident Kitchen). Failure to ensure cleanliness of the kitchen, dishware, and food storage areas, to properly store raw and ready-to-eat foods and discard outdated food items has the potential to result in foodborne illness to residents, visitors, and staff.	F 812	Tag Cited: F812 Food Procurement, Store/Prepare/Serve-Sanitary: 1. Immediate action(s) taken for the resident(s) found to have been affected include: On 5/29/2024, Ready to Eat food was thrown away by Dietary Manager. On 5/29/2024, food of concern (pineapple) was discarded, and a Health	7/1/24

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

Electronically Signed | 06/13/2024

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F 812	Continued From page 1 Findings include: Review of the facility policy titled "Food Safety Requirements" occurred on 05/29/24. This policy, revised 01/31/23, stated, ". . . Food safety practices shall be followed throughout the facility's entire food handling process. . . . Elements of the process include the following: . . . Storage of food in a manner that helps prevent deterioration or contamination of the food . . . Preparation of food, including thawing . . . Equipment used in the handling of food, including dishes, utensils, mixers, grinders, and other equipment that comes in contact with the food. . . . . Practices to maintain safe refrigerated storage include: . . . storing raw meats on shelves below . . . ready-to-eat foods so that meat juices do not drip onto these foods . . . Keeping foods covered or in air tight containers. . . . All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination. . . . Staff shall follow facility procedures for . . . cleaning fixed cooking equipment. . . . additional strategies to prevent foodborne illness include . . . Preventing cross-contamination of foods. . . ." Review of the facility policy titled "Use and Storage of Food Brought in by Family or Visitors" occurred on 05/29/24. This policy, revised 04/16/24, stated, ". . . All food items that are already prepared by the family or visitor brought in must be labeled with the content and dated. The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator. The prepared food must be consumed by the resident within 3 days. If not consumed within 3	F 812	Surveyor was present at time of disposal. Main kitchen and appliances were deep cleaned 6/1/2024. 2. Identification of other residents having the potential to be affected was accomplished by: Potentially could reach each resident with cross contamination and expired food. 3. Action taken/systems put into place to reduce the risk of future occurrence include: On 6/5/24, staff were educated related to proper storage/date marking/disposal of foods procedures. On 6/5/2024 Kitchen cleaning schedules were updated. On 6/5/24, verbal education related to proper Dietary cleaning procedures and routine cleaning schedule was given to Dietary staff. On 6/12/24, a training course on Proper Food Storage was assigned in Relias and completed by all dietary staff. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: Starting 6/16/24, the Dietary Manager, or designee will complete random weekly audits for proper food storage, kitchen cleanliness, proper date marking and disposal of food for 4 weeks, then monthly for 4 months. Results will be reviewed in QAPI quarterly meeting for 6 months and finding no trends, then will be	

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F 812	Continued From page 2 days, food will be thrown away by facility staff. . . ." Review of the facility policy titled "Dishwashing & [and] Kitchen Sanitation Procedure" occurred on 05/29/24. This policy, revised 01/31/23, stated, ". . . All cookware, dishes and eating utensils will be cleaned & sanitized according to regulatory guidelines. . . . Dishwasher Usage & Maintenance . . . Exterior of dishwasher should be wiped down at a minimum of daily with spot-cleaning throughout the work day [sic]. Assigned staff will descale dishwasher on a weekly basis . . ." Observations on 05/28/24 at 9:05 a.m. showed the following: MAIN KITCHEN COOLER * A covered plate of breakfast food with water on top of the plate cover. The water dripped down onto the plate cover from thawing food containers located on a shelf above. The plate cover had an approximate one-inch diameter opening on its top, which would allow water to drip onto the food. A dietary staff member (#4) stated staff saved the plate in the cooler for resident consumption later. * A large baking sheet with two large rolls of thawing ground beef, a sealed package of sliced, ready-to-eat Canadian bacon, and a zip-lock bag of diced, ready-to-eat ham. CLEANLINESS * A silverware divider located inside a drawer contained dried food substances on the side of the teaspoon divider. * The base of a mini blender sticky with loose	F 812	reviewed again on an as needed basis. Audits will be submitted to the Director of Nursing 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. Kitchen staff will turn in daily cleaning checklist to Dietary Manager for review and verify for audit. 5. Correct action completion date: 7/1/24	

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F 812	Continued From page 3 food particles on it. * A recently washed container for the mini blender placed upside down on the counter adjacent to the blender base. Part of the container set on top of a sticky dried substance on the counter. * A sticky substance on the controls on the coffee machine. * Burnt, loose, debris under all the grates of the gas cooking stove. * A cupboard containing spices and cooking oils with a layer of dust and spice particles, and random areas with a sticky substance throughout the shelves of the cupboard. * Loose lime-scale debris on top of the dishwasher. RESIDENT KITCHEN * A large clear plastic container of outdated cut pineapple located in the bottom drawer of the refrigerator, labeled with a resident's name, and dated 05/11/24. During an interview on 05/28/24 at 4:11 p.m. a dietary manager (#3) confirmed potential for contamination of the stored breakfast plate with the dripping water, and the thawing raw meat and ready-to-eat meats should be stored separately. The manager (#3) stated the cleanliness of the kitchen "is on her list to get the staff to do," and confirmed the pineapple in the kitchenette as outdated and discarded it.	F 812		
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		7/1/24

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F 880	Continued From page 4 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	F 880		

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F 880	Continued From page 5 involved, and (B) A requirement that the isolation should be the 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 standards of infection control for 1 of 2 sampled residents (Resident #11) observed during a dressing change. Failure to place a barrier and establish an area for soiled products has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Clean Dressing	F 880	Tag Cited: 880 Infection Prevention and Control: 1. Immediate action(s) taken for the resident(s) found to have been affected include: On 6/7/24, DON spoke with Nurse (#2) regarding deficiency received. Coached Nurse of current facility procedure for Clean Dressing Change, and the proper use of drapes during dressing care to ensure Infection Control practices.	

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F 880	Continued From page 6 Change" occurred on 05/30/24. This policy, dated 02/09/23, stated, ". . . Set up clean field with needed supplies for wound cleansing and dressing application: a.) If a table is available, wipe clean before use. b.) Place a disposable cloth or linen saver on the overbed table or available surface. . . . Establish area for soiled products to be placed (Chux [disposable pad] or plastic bag). . . ." Observation on 05/29/24 at 11:00 a.m. showed a nurse (#2) placed supplies for a dressing change on Resident #11's bedside table. The nurse donned gloves, removed the dressing from the resident's infected toe, removed her gloves, performed hand hygiene, donned gloves, and used gauze and a wound cleanser to cleanse the infected area. The nurse (#2) placed the soiled gauze on the floor and continued with the dressing change. The nurse failed to clean and place a barrier on the bedside table and establish an area for the soiled products. During an interview on 05/30/24 at 10:35 a.m., an administrative nurse (#1) stated she expected staff to use a barrier on the bedside table for supplies and not place soiled gauze on the floor.	F 880	On 6/11/24, RN/LPN staff were assigned Clean Dressing Change procedure and Wound Care Validation Checklist to review and acknowledge in Relias by 6/16/24. On 6/18/24, an RN/LPN staff meeting is scheduled and will complete training related to newly implemented Skin and Wound application to enhance wound care documentation. Meeting will also include discussion of deficiency with Nurses, with focus on Infection Control practices during wound care. 2. Identification of other residents having the potential to be affected was accomplished by: Other residents that currently have routine wound care (Resident #10) were identified. 3. Action taken/systems put into place to reduce the risk of future occurrence include: Education of current Clean Dressing Change procedure and Wound Care Validation Checklist to Nurses. Implementation of Skin and Wound application and documentation. Ordering of smaller size drapes to utilize more effectively during wound care if larger drapes is not warranted. 4. How the corrective action(s) will be	

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F 880	Continued From page 7	F 880	monitored to ensure the practice will not recur: Starting 6/16/24, The Infection Preventionist, or designee will complete random weekly audits (utilizing the Wound Care Validation Checklist form) for failure to place barrier and establish area for soiled products during dressing change, for 4 weeks, then monthly for 4 months. Results will be reviewed in QAPI quarterly meeting for 6 months and finding no trends, then will be reviewed again on an as needed basis. Audits will be submitted to the Director of Nursing 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. 5. Correct action completion date: 7/1/24	