STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8097	A. BUILDING: _____ B. WING _____	R-C 01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD LANDING, INC	4401 21ST ST SE MANDAN, ND 58554

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{B 000}	INITIAL COMMENTS For the on sight revisit and complaints survey, started on 01/08/24 and completed on 01/10/24, the sample included two residents for review and two supplemental residents. Tier II citations included 8928, 81540, 81800, 81830, and 82000.	{B 000}		
B 928	33-03-24.1-09,2,h GOVERNING BODY h. Resident rights which comply with North Dakota Century Code chapter 50-10.2. This State Licensing Rule is not met as evidenced by: DURING THE ON SITE REVISIT COMPLETED ON JANUARY 08-10, 2024, EVIDENCE SHOWED THE FACILITY FAILED TO ACHIEVE COMPLIANCE WITH THIS REQUIREMENT. Based on record review, review of facility policy, review of Resident Rights Booklet, and staff interview, the facility failed to notify the legal representative of a change in condition and provide the representative with a written advanced notice of transfer or discharge for 1 of 1 resident (Resident #1) who transferred from the facility to the emergency department (ED). Failure to notify representative and provide a notice of transfer/discharge is an infringement of the resident's rights and limited their ability to make informed decisions regarding medical care and does not ensure a safe and orderly transfer from	8928		

Health Repsonse and Licensure
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Administrator (X6)DATE 3.20.24

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B 928	Continued From page 1 the facility. Findings include: Review of the facility policy titled "Transfer and Discharge of Residents" occurred on 01/09/24. This policy dated, 01/03/17, stated,"... A 30 day notice will be made as soon as practicable to advise a transfer or discharge is found necessary. When a more immediate transfer or discharge is required because of medical need, written notice of the need will be provided and transfer or discharge will be completed as soon as satisfactory arrangements can be made ... " Review of the Resident's Rights Booklet occurred on 01/09/24. This booklet, dated March 21, 2023, stated, "Transfer & Discharge: The facility must inform you, and a family member or legal/resident representative if they are transferring or discharging you .....Notice of Transfer or Discharge may be less than 30 days if: The resident has urgent medical needs that require a more immediate transfer or discharge or, . A more immediate transfer or discharge is required to protect the health and safety of residents and staff within the facility ....." The facility transferred Resident #1 on 11/11/23 to the ED with subsequent admission to a local crisis center. Resident #1's medical record lacked evidence staff notified the resident's representative of the transfer to the ED or completed a Notice of Transfer and provided a copy to the legal representative. During an interview on the afternoon of 01/09/24, an administrative nurse (#2) confirmed the facility	B 928	B 928 1. Education was given to all nursing staff verbally during staff meeting on 1/18/24 on utilization of the transfer/discharge form and the need to call resident's guardian and notify them of the incident. 2. Discharge/transfer paperwork will be kept in each medication room and at the front desk for easy access for staff members to find. Access in rTask has been added so that CMAs have access to find this report and print it out and have guardian sign. 3. Nurse's note will be completed with all information regarding the discharge/transfer at the time of incident, paperwork signed, and guardian notified of transfer/discharge. Original transfer form will be given to the DON for review of signatures obtained or needing to be obtained by guardian. 4. The process of finding this form will be added to the onboarding process for new hires and will be completed via a competency/skills validation and signed off by the DON. 5. Audits will be done monthly by the DON for 3 months, then quarterly thereafter. These validations will be completed by February 24, 2024. These will be kept in a binder and will be signed off by the Administrator to validate completion by the DON.	2.24.24

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B 928	Continued From page 2 failed to inform the legal representative of the transfer and complete the transfer form. Citation Text for previous deficiency cited at 0927	B928		
{B1540}	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This State Licensing Rule is not met as evidenced by: DURING THE ON SITE REVISIT COMPLETED ON JANUARY 08-10, 2024, EVIDENCE SHOWED THE FACILITY FAILED TO ACHIEVE COMPLIANCE WITH THIS REQUIREMENT. Based on information received from the complainant, record review, and resident and staff interview, the facility failed to ensure proper administration of medications for 2 of 2 sampled residents (Resident #1 and #2) reviewed for medication administration. Failure to ensure medications are available and administered per physician's orders resulted in medication errors/missed medications. Findings include:	{B1540}		

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{B1540}	Continued From page 3 Review of information provided by the complainant identified concerns medications were not properly administered. - Review of the Resident #1's medical record occurred on all days of survey. A physician's order, dated 10/01/23, showed, clozapine [antipsychotic medication] to 400 milligrams by mouth every night at bedtime. Review of the November 2023 medication administration record (MAR) showed Resident #1 received clozapine 400 mg November 01-04, 2023. On November 05-11 the initials were circled with an explanation medication not available. Resident #1 did not receive clozapine on November 05-11, 2023. - During an interview on the morning of 01/09/24 Resident #2 voiced concern she has not received her Miralax (a laxative) everyday. Review of the Resident #2's medical record occurred on 01/09/24. A physician's order stated, Polyethylene (Miralax) 17 grams daily. Review of the January 2024 MAR showed Resident #2 did not receive Miralax on the 01, 02, 03, 06, 08 and 09. The MAR stated not available. During an interview on the morning of 01/09/24 a medication aide (#6) stated the medication was not available. During an interview on 01/09/24 at 1:11 p.m. an administrative nurse (#1) confirmed staff failed to administer both resident's medications as ordered.	{B1540}	B 1540 Resident 1: 1. Providers will be listed and up to date in the resident's chart under resources. 2. Monthly reminders will be placed into task list in rTask for nursing staff. 3. Labwork needing to be completed monthly prior to refills have been scheduled monthly for 3 months ahead of time. 4. Education was provided to nursing staff on the importance of checking medications regularly and having labwork appointments made for resident during staff meeting on 1/18/24. Resident 2: 1. Staff members were unaware of the process of utilizing stock medications. Education was given to nursing staff during staff meeting on 1/18/24. 2. Education given to CMA's to check medication carts for medications that are running low and in need of refills and placing medication needs on refill order sheet and given to DON to send to the pharmacy. 3. Monthly medication cart reviews will be part of the onboarding process and skills validation for new hire staff and current staff alike. These will be completed by February 24, 2024 by the DON/LPN. 4. Audit of the pharmacy order sheets will be completed by DON for every resident each month x 3 months then quarterly thereafter to prevent med errors. They will be verified and signed off by the Administrator.	2.24.24

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81800	Continued From page 4	81800	81800-	
81800	33-03-24.1-18 DIETARY SERVICES 33-03-24.1-18. Dietary services. The facility must meet the dietary needs of the residents and provide dietary services in conformance with the North Dakota sanitary requirements for food establishments. Dietary services must include: This State Licensing Rule is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide dietary services to meet residents' needs and in conformance with the North Dakota sanitary requirements for food establishments in 1 of 1 kitchen. Failure to wear hair restraints may result in unsanitary conditions. Findings include: Review of the "Food Preparation" policy occurred on 01/09/24. This policy, dated 09/26/22, stated, "... Personnel in the food preparation/clean area will wear hair restraints such as a hairnet, hat, cap, or hair coverings....." Observations in the kitchen on 01/08/24 at 12:05 p.m. and 5:15 p.m. showed two dietary staff members (#3 and #4) dished up food items without hairnets/hair coverings in place. Observation in the kitchen on 01/09/24 at 11:55 a.m. showed two staff members (#3 and #5) dished up food.items without hairnets/hair coverings in place. During an interview on 01/09/24 at 3:30 p.m. an administrative staff member (#1) confirmed the	81800	The corrected action for following ND sanitary requirements of wearing proper hair coverings that has affected our residents and staff alike has been a full employee inservice education and training on hair nets, hats, and hair coverings that was given on Jan. 18, 2024. The deficiency has been corrected by implementing a "Daily Hair Covering" spread sheet that begun 1.18.24. Members of the kitchen staff sign off that they are using a hair cover daily. Food Service Director is responsible for turning in weekly sheets to Administrator for review and validation. Administrator assigned 2 months of sampling for weekly checks with "Hair Coverings Audit" sheet, signing off on date, and whether kitchen staff is compliant or not.	2.24.24

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B1800	Continued From page 5 facility policy stated dietary staff is required to wear hairnets.	B1800		
B1830	33-03-24.1-18,3 DIETARY SERVICES 3. Snacks between meals and in the evening. These snacks must be listed on the daily menu. Vending machines may not be the only source of snacks. This State Licensing Rule is not met as evidenced by: Based on observations the facility failed to list snacks on the daily menu for 2 of 3 days of survey January 08 and 09, 2024. Failure to list snacks on the daily menu does not keep resident's informed of available snacks. Findings include: A review of the facility menus occurred on all days of survey and showed the facility menus lacked listing of the daily snacks.	B1830	B1830- All Residents affected by lack of snack listed on menu. This has been addressed in an all staff inservice employee meeting on 1.18.24 with an education piece for ND State requirements for Dietary Services. Food Service Director implemented menu format changes to include the listing of snacks between meals on weekly facility menus. Food Service Director submits weekly menus to Administrator for review and approval. Administrator assigned 2 months of sampling audits to ensure the implementation of snacks on menus to be completed by Feb. 24th, 2024	2.24.24
B2000	33-03-24.1-20 HOUSEKEEPING/LAUNDRY SERVICES 33-03-24.1-20. Housekeeping and laundry services. The facility shall maintain the interior and exterior of the facility In a safe, clean, and orderly manner and provide sanitary laundry services, including personal laundry services, for residents. This State Licensing Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a safe, clean, comfortable,	B2000		

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B2000	Continued From page 6 homelike environment for 2 of 2 supplemental residents (Resident #3 and #4) with a personal fan. Failure to clean personal fans does not provide a clean, comfortable environment and has the potential to place residents at risk for illness. Findings include: - Observation on the morning of 01/08/24 showed a fan in Resident #3's room. The outside covering/grate and fan blade contained large amounts of visible dust. - Observation on the morning of 01/09/24 showed a fan in Resident #4's room. The outside covering/grate and fan blade contained large amounts of visible dust. During an interview on the afternoon of 01/09/24, an administrative staff member (#1) stated she did not know who is responsible for cleaning resident's personal fans.	B2000	B2000 The corrected action that was taken to ensure the fans of the select residents was taken care of are as followed; The administrator educated in an all staff inservice meeting on 1.18.24 the policy and procedure of resident's responsibility of their personal effects and what they can do if they need assistance. Which is, filling out the proper Maintenace Request Form and turning it in for review by the Maintenance Director to assign to the house keeping staff. If either department cannot get to the request right away, they will be placed on a wait list that is to be turned in weekly by the Maintenance Director to the Administrator for review and approval. The Maintenace Director installed a wall box in BC with multiple blank forms for residents to fill out and turn in to the Maintenance Director for review and scheduling. The Administrator educated the BC residents of the policy stating they are responsible for the care and upkeep of their personal effect at the Resident Council Meeting on 1.24.24 and informed them of the Maintenance Request Forms they can fill out if they need further assistance. Administrator also sent out a Monthly newsletter to ALL residents listing the policy from the Resident Handbook and what they can do if they need further assistance. Administration will perform monthly sampling audits of Maintenance Requests received from the Maintenance Director ending on Feb 24th, 2024.	2.24.24