North Dakota Health and Human Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8097	A. BUILDING: _____ B. WING _____	R-C 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD LANDING, INC	4401 21ST ST SE 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) COMPLETE DATE
{B 000}	INITIAL COMMENTS For the onsite revisit and complaint survey started on 03/26/24 and completed on 03/26/24, the sample included three residents for review. During the complaint investigation, the facility was found noncompliant with the regulatory requirements. Tier II citation included B910.	{B 000}	910 1. Verbal education given to each staff member, on each shift the importance of narcotic counting at the end of each shift. 2. An all-staff message was sent through Rtask that also re-educated staff on narcotic counting on April 23, 2024.	
B 910	33-03-24.1-09,1 GOVERNING BODY 1. The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws. This State Licensing Rule is not met as evidenced by: Based on observation, record review, review of facility policy, review of professional reference, and staff interview, the facility failed to count and verify controlled medications for 2 of 2 medication carts (Memory Care and Second Floor). Failure to ensure controlled medications are counted every shift may cause a diversion of medications. Findings include: Review of the facility policy titled "Narcotic Log" occurred on 03/26/24. This policy, dated 09/26/22, stated, "All scheduled II controlled substances will be counted and compared with the quantities listed in the Narcotic Log Book. This will occur at the start of the day shift, at the	B 910	3. A task will be set up in the Rtask charting system that will direct staff to sign off that the narcotic count was done on the shift that is being worked. 4. The policy for narcotic counting will be given to each staff member. Once each staff member receives this policy, the staff member will be required to sign a sheet of acknowledgement they have received the policy. This will be included at our next all staff meeting scheduled for May 16, 2024.	

Health Repsonse and Licensure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Logan M. Kelly — TITLE: Administrator — (X6) DATE: 5-6-24

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B 910	Continued From page 1 start of the evening shift and the start of the night shift. . . ." Kozier & Erb's "Fundamentals of Nursing: Concepts, Process and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 813, stated, ". . . In most agencies, counts of controlled substances are taken at the end of each shift. . . ." - Observation of the Memory Care medication cart occurred on 03/26/24 at 9:35 a.m. with a medication aide (MA) (#2) and contained one card of a controlled medication lorazepam (an antianxiety medication) prn (as needed) with the remaining number of tablets matching the count. Review of the "Narcotic Accountability Record" identified the March 2024 record showed one or both staff failed to initial the form on 54 out of 76 shifts and the February 2024 record lacked initials on 66 of 87 shifts. The MA (#1) agreed the staff failed to verify the count on every shift. - Observation of the 2nd floor medication cart occurred on 03/26/24 at 9:50 a.m. with a (MA) (#1). The cart contained the following controlled medications with the remaining number of tablets matching the count: * gabapentin 600 milligrams (mg) * gabapentin 300 mg * lorazepam 1 mg Review of the "Narcotic Accountability Record" identified the March 2024 record showed one or both staff failed to initial the form on 17 out of 76 shifts and the February 2024 record lacked initials on 29 of 87 shifts. During an interview on 03/26/24 at 10:00 a.m., a	B 910	5. Each floor will have narcotic log audits that will be completed and signed by DON every 2 weeks for 2 months, then monthly for 1 month, and then quarterly thereafter. These audits will also be signed by the Administrator. 6. If narcotic counting is not completed every shift change, there will be discipline including write ups for the staff member who are not completing these counts. These counts will be monthly for 1 month and then quarterly thereafter. These will also be signed by administration to verify completion.	

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B 910	Continued From page 2 MA (#1) stated staff counted the controlled medications at the beginning and end of each shift to verify the number of medication pills in the medication cart matched the count on the "Controlled Drug Administration Inventory." The MA (#1) agreed the staff failed to verify the count on every shift. During an interview on 03/26/24 at 11:20 a.m. a licensed nurse (#3) stated she expected staff to count all narcotics at the beginning and end of each shift.	B 910		