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| LAKEWOOD LANDING, INC | 4401 21ST ST SE MANDAN, ND 58554 |

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| B 000 | INITIAL COMMENTS<br><br>For the unannounced complaint survey, started on 07/05/23 and completed on 07/06/23, the sample included 1 closed record for review.<br><br>Tier II citations included B927, B930, B1520, B1540, B1700 and B2300. | B 000 | Person at the state health department provided Lakewood Landing facility the proper transfer form. Northern Oaks Management is adding this form in to RTASKS and we will be utilizing this moving forward.<br><br>Education provided to direct caregivers, CMA, and nursing staff regarding the utilization of the proper Rtasks form. Completed date: 08/23/23.<br><br>Reporting identified in Rtasks for quality reviews of any resident discharges. These will be monitored and audited for compliance with the proper transfer/discharge report presented. If the failure to submit the proper form, the auditing Nurse will follow up immediately with the receiving location to ensure proper paperwork is received. Completed date: 08/18/2023<br><br>Resident no longer in facility.<br><br>All residents transferring to hospital will have the proper transfer/discharge paperwork presented.<br><br>Nurse administrator along with coordination of DON will perform monthly audits for a minimum of three months then periodically. | |
| B 927 | 33-03-24.1-09,2,g GOVERNING BODY<br><br>g. Resident rights which comply with North Dakota Century Code chapter 50-10.2.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review, review of the Resident's Rights Booklet, and staff interview, the facility failed to provide residents/their representatives with a written advanced notice of transfer or discharge for 1 of 1 closed record resident (Resident #8) who transferred from the facility to the emergency department (ED). Failure to provide residents and families/guardians with a notice of transfer/discharge is an infringement of the resident's rights and does not ensure a safe and orderly transfer/discharge from the facility.<br><br>Findings include:<br><br>Review of the Resident's Rights Booklet occurred on 07/05/23. This booklet, dated January 2019, stated, "Transfer & Discharge: In cases of transfer or discharge, you must receive a 30 day | B 927 | | |

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



9/28/2023

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| B 927 | Continued From page 1<br>written notice. A facility cannot transfer or discharge you from the facility against your wishes, unless it is for the following reasons: 1. Your doctor documents your needs cannot be met by the facility..... Notice of Transfer or Discharge may be less than 30 days if: 1. The resident has urgent medical needs that require a more immediate transfer or discharge....."<br><br>The facility transferred Resident #8 on 11/08/22 to the ED with subsequent admission to the hospital.<br><br>Resident #8's medical record lacked evidence staff completed a Notice of Transfer and provided a copy to the resident/representative.<br><br>During an interview on the afternoon of 07/06/23, an administrative nurse (#1) stated the facility failed to complete the transfer form. | B 927 | Education was completed to CMAs and CNAs on date: 8/22/2023.<br><br>RN/DON and Administrator received an email which was a webinar training to start submitting medication errors/ GER online to "Therap"; there was issues regarding getting our account set up, username, password; DON contacted support multiple times to resolve this issue and to set up residents into out Therap account. We were able to start completing online GER's on 8.4.2023. Prior to submitting online reports to the Therap system we were sending handwritten reports utilizing the Therap forms directly to Aging Services. Nursing has been educated on the Therap process. The Therap report will be placed in the Resident file.<br><br>Completed date: 08/04/2023<br><br>Per policy an accordance with "**33-03-24.1-09 Governing Body**<br>f. Reporting a significant medication error to officials in accordance with state law. A<br>significant medication error by a medication assistant I or II shall be reported to the<br>department of health.<br><br>"Significant Medication error" means a medication error which causes the | |
| B 930 | 33-03-24.1-09,2,j Governing Body<br><br>Reporting a significant medication error to officials in accordance with state law. A significant medication error by a medication assistant 1 or 11 shall be reported to the department of health.<br><br>This ELEMENT is not met as evidenced by:<br>Based on review of facility policies and staff interview, the facility failed to develop protocols for reporting significant medication errors to the Department of Health and Human Services, Health Facilities Unit. | B 930 | | |

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| | | | resident discomfort or jeopardizes his or her health and safety, or a pattern of more than three medication errors that has the potential for causing a negative impact or harm to residents." DON will notify the department of health via telephone or email. Completed education date: 9/28/2023<br><br>Direct Caregivers, Med Aides, and Nursing staff educated on the "Reporting Policy/Critical Incident Reporting" and the "Medication Errors" policy. Completed date: 08/23/23<br><br>Reporting identified in Rtasks for quality reviews of any resident medication error and general incident reporting. These will be monitored and audited for compliance with the proper report filed into Therap. If the failure to submit the proper form, the auditing Nurse or Administration will follow up immediately to file the report. Completed date: 08/18/2023 | |

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| B 930 | Continued From page 2 | B 930 | | |

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| | Findings include:<br><br>Review of the facility's policies occurred on 07/06/23. The policies failed to include protocols for reporting significant medication administration errors to the Department of Health and Human Services, Health Facilities Unit.<br><br>During an interview on 07/06/23 at 2:00 p.m., an administrative staff member (#1) stated staff submit medication errors electronically and was unsure if they went to the Department of Health and Human Services, Health Facilities Unit. | | DON will continually review medications and compare with eMAR alongside physician orders and pharmacy. DON will complete Therap documentation. Nurse Administrator will audit this monthly for a minimum of three months and periodically to ensure compliance. |
| B1520 | 33-03-24.1-15,2 PHARMACY/MED ADM SERVICES<br><br>2. The facility shall provide a secure area for medication storage consistent with chapter 61-03-02.<br><br>a. A specific system must be identified for the accountability of keys issued for locked drug storage areas.<br><br>b. Residents who are responsible for their own medication administration must be provided a<br>secure storage place for their medications.<br><br>This state licensing rule is not met as evidenced by:<br>Based on observation, review of facility policy, and staff interview, the facility failed to assure safe and secure storage of medications for 1 of 2 | B1520 | Two medication rooms basic care and memory care have locked medication doors and carts. Narcotics are double locked. Medication keys are handed off directly on change of shift during report. When keys are not being utilized, they are locked in the medication cart.<br><br>We are working with our maintenance director to get a lock on the basic care medication fridge. The lock for the medication fridge shall was installed completed date: 08/25/23. In addition to this adjustment, verbal education was provided to all CMA's to always keep medication room doors closed and locked. Education completed by 07/07/2023. The "storage of medications" policy was reviewed with staff. Also, these items will be addressed again at our in-service employee meeting on 8.22.23.<br><br>Monthly Periodic Audits by DON and Nurse Administrator will be completed regarding the security of medication storage. |

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| B1520 | Continued From page 3<br>medication rooms (Second floor). Failure to store all medications securely may result in unauthorized access to medications.<br><br>Findings include:<br><br>Review of the facility policy titled "Storage of Medications" occurred on 07/06/23. This policy, dated 01/01/18, stated, ". . . It is the policy of Lakewood Landing to provide safety and security of medications stored. . . Medications managed by the Lakewood Landing shall be stored to prevent diversions of medications by resident or others who may have access to the medications. . . ."<br><br>Observation 07/05/23 at 11:02 a.m. showed the door to the medication room/nurses station on the second floor open with no staff nearby. The unlocked medication refrigerator in the medication room/nurses station contained numerous unopened insulin pens and inhaler medications.<br><br>During an on 07/05/23 at 11:05 a.m. a medication assistant (#2) confirmed staff should keep the door to the medication room/nurses station closed and locked when staff are not in the area. | B1520 | | |
| B1540 | 33-03-24.1-15,4 PHARMACY/MED ADM SERVICES<br><br>4. All medications used by residents which are administered or supervised by staff must be:<br><br>a. Properly recorded by staff at the time of administration.<br><br>b. Kept and stored in original containers | B1540 | | |

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| B1540 | Continued From page 4<br>labeled consistently with state laws.<br><br>c. Properly administered.<br><br>This state licensing rule is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure proper administration of medications for 2 of 6 sampled residents (Resident #1 and #2) observed during medication pass and one closed record resident (Resident #8). Failure to administer medications per physician's orders and properly prime and date opened insulin pens, may result in medication errors and administration of expired insulin.<br><br>Findings include:<br><br>MEDICATION ADMINISTRATION<br><br>Review of the policy titled "Medication Management Services Provided by Medication Assistant" occurred on 07/06/23. This policy, dated 09/26/22 stated, ". . . Areas the Medication 1 must be verified to be competent include: knows the six rights for each medication for the specific resident, including the right patient, right medication, right dosage, right route, right time, and right documentation . . ."<br><br>Review of the policy titled "Insulin Injections" occurred on 07/06/23. This policy, dated 09/26/22, stated, ". . . Prime the pen prior to injection to remove air, Dial 2 unit on the dose selector . . . Point needle up. Press plunger button to push out two units . . ." | B1540 | Resident educated to prime insulin pen accordingly and it is the CMA's responsibility under the nurse to physically watch the resident prime the insulin pen prior to injection. If he does not prime insulin pen the CMA should stop him immediately and provide corrective action / education before continuing with the dose injection. Education completed to Resident on 07/08/2023. Education provided to CMA team members verbally regarding the "Insulin Injection", "Medication Storage", & "Medication Management Services Provided by Medication Assistant" policy 07/24/2023. Also, these items will be addressed again at our in-service employee meeting on 8.22.23. Medication Aides will be skills validated on this on or before 09/04/2023. Education and Validation completed with CMAs on or before 8/23/23 by nurse educator.<br><br>The "Self - Administration of Medications" policy was reviewed with the nursing team, Administrator. This was completed 08/14/2023. The resident assessment for Self-Administration of Medications completed on 08/18/2023.<br><br>Review completed 07/08/2023 of all other residents to ensure no other | |

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| | | | residents are self-administering insulin Confirmed no other residents noted to be self-administering insulin, Nursing.<br><br>Monthly Periodic Audits by DON and Nurse Administrator regarding will be completed to validate ongoing compliance for a minimum of three months and periodically. | |

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| B1540 | Continued From page 5<br><br>- Observation of medication administration for Resident #1 occurred on 07/05/23 at 11:15 a.m. with a medication aide (MA) (#2). Resident #1 requested a pain pill for her wrist. The MA administered Ibuprofen 200 milligrams (mg) one tablet.<br><br>Review of Resident #1's physician's order for ibuprofen stated, "Ibuprofen (Motrin) 600 mg tablet: Take 1 tablet (600 mg) by mouth every 8 hours as needed for pain . . ." The MA failed to administer the correct dose of ibuprofen.<br><br>- Review of the closed record for Resident #8 occurred on all days of survey. A physician's order, dated 09/22/22, stated, "change clozaril [antipsychotic medication] to 450 mg po [by mouth] at QHS [every hour of sleep]."<br><br>Review of the November 2022 medication administration record (MAR) showed Resident #8 received Clozapine (clozaril) 450 mg on the 1st and 3rd of November. On November 2nd the initials were circled with an explanation "Clozapine-Meds [medication] unavailable." Resident #8 did not receive Clozapine on November 4th, 5th, 6th, and 7th prior to being hospitalized on November 8th. The MAR failed to identify why staff did not administer the mediation.<br><br>During an interview on 07/06/23 at 2:05 p.m., an administrative nurse (#1) confirmed Resident #8 did not receive Clozapine on November 2nd, 4th, 5th, 6th, and 7th.<br><br>INSULIN<br><br>- Observation of medication pass on 07/05/23 at | " | Education provided to CMA team members verbally regarding the "Insulin Injection", "Medication Record – Documentation" and "Medication Management Services Provided by Medication Assistant" policy 07/24/2023. Also, these items will be addressed again at our in-service employee meeting on 8.22.23.<br><br>Medication Aides will be skills validated on the 6-rights and medication reordering and notification process completed date: 09/04/2023, Nursing Educator/Nursing.<br><br>A medication cart review was completed to ensure medications match accordingly to the MAR and the Provider's orders. The review was completed on 07/11/2023, Nursing. Carts are in compliance.<br><br>Monthly Periodic Audits by DON, will be completed to validate ongoing compliance.<br><br>Education provided to CMA team members verbally regarding the "Medication & Supplies - Reordering" and "Medication Record – Documentation" policy 07/24/2023. Also, these items will be addressed again at our in-service employee meeting on 8.22.23.<br>Additional reporting identified in the EMR system to alert Nursing and Administration regarding medications not given/declined/unavailable. This reporting will be reviewed on a consistent basis and proper actions | |

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| | | | taken to address medications not given/declined/unavailable. The nursing team was educated on the reporting process and expectations on 08/14/23.<br><br>Nurse administrator along with coordination of DON will perform monthly audits to validate ongoing compliance. | |

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| B1540 | Continued From page 6<br><br>11:50 a.m. showed Resident #2 preparing his Fiasp insulin pen for injection with a MA (#2) observing the resident. Resident #2 failed to prime the insulin pen and injected the insulin into his abdomen. The MA (#2) failed to stop Resident #2 and remind him to prime the insulin pen prior to injection.<br><br>During an interview on 07/06/23 at 2:00 p.m., an administrative nurse (#1) stated she expected staff to stop the resident and remind him to prime the insulin pen before giving the insulin.<br><br>- Observation on 07/06/23 at 10:15 a.m. showed the medication cart on second floor contained two Fiasp and one Tresiba insulin pens without an open date. | B1540 | See page 5.<br><br>The "Self - Administration of Medications" policy was reviewed with the nursing team, Administrator. This was completed 08/14/2023. The resident assessment for Self-Administration of Medications completed on 08/18/2023.<br><br>Review completed 07/08/2023 of all other residents to ensure no other residents are self-administering insulin Confirmed no other residents noted to be self-administering insulin, Nursing | |
| B1700 | 33-03-24.1-17 NURSING SERVICES<br><br>33-03-24.1-17. Nursing services. Nursing services must be available to meet the needs of the<br>residents either by the facility directly or arranged by the facility through an appropriate individual or agency providing nursing services.<br><br>This state licensing rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to provide nursing services to meet the resident's needs for 1 of 1 closed record resident (Resident #8) with a positive Covid 19 test. Failure to monitor the resident's vital signs during a Covid 19 outbreak placed the resident at risk for Covid 19 complications. | B1700 | Education provided to CMA team members verbally regarding the "Medication Storage" policy 7/24/2023 CMAs to place label with date opened and expiration date.<br><br>A medication cart review was completed to ensure insulin pens were stored properly and labelled properly. The review was completed on 07/11/2023, Nursing. Carts are in compliance.<br><br>Monthly Periodic audits will be completed to validate compliance by DON. | |

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| B1700 | Continued From page 7<br>Findings include:<br><br>Review of Resident #8's medical record occurred on all days of survey. Diagnosis included schizoaffective disorder, depression, COPD (Chronic Obstructive Pulmonary Disease), and asthma. Resident #8 had a positive Covid 19 test on 12/07/22 and staff placed her in isolation.<br><br>Resident #8's medical record failed to show staff monitored the resident's vital signs (blood pressure, pulse, temperature, respirations, and oxygen saturation) during her time in isolation for a positive Covid 19 test from 12/07/22 until 12/12/22.<br><br>During an interview on 07/06/23 at 2:10 p.m., an administrative nurse (#1) stated she expected staff to monitor a temperature and oxygen saturation if a resident with underlying conditions tested positive for Covid 19. (Resident #8 had COPD and asthma.) | B1700 | Education provided to direct caregivers, CMAs, and nursing team members verbally regarding the "Infectious Disease-COVID 19" policy 07/24/2023.<br><br>A chart review completed on all current residents regarding current COVID status. No current residents in building with COVID. 07/11/23<br><br>Leadership stand-up meetings will review any active COVID cases in the building. Updates to vital collections per "Infectious Disease – COVID 19" policy will be confirmed at that time. Completed date: 08/15/23<br><br>Monthly Period Audits will be completed to validate ongoing compliance by Administrator along with coordination of DON. | |
| B2300 | 33-03-24.1-23 Optional End-of-Life Care Services<br><br>33-03-24.1-23 Optional end-of-life care services. A facility that intends to retain residents who require end-of-life care must comply with the requirements of this section, apply on an application s specified by the department, and receive written approval from the department prior to providing the services. The facility must meet the following requirements:<br><br>This state licensing rule is not met as evidenced by:<br>Based on staff interview, the facility failed to | B2300 | | |

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| B2300 | Continued From page 8<br><br>comply with the North Dakota Administrative Code (NDAC), Chapter 33-03-24.1-23 "Optional End of Life Services" for 2 of 2 residents (Resident #3 and #4) receiving end of life/hospice services. Failure to develop policies/procedures and apply for end of life services/hospice may have a negative impact on resident's care.<br><br>Findings include:<br><br>NDAC 33-03-24.1-23 End-of Life Services states, "A facility that retains residents who require end-of-life care continues to be responsible for the care and services of all residents, must comply with the requirements of this section, and apply on basic care application form and indicate a change in services provided. ....."<br><br>Upon request the facility failed to provide a policy/procedure for end of life/hospice care.<br><br>During an interview on the morning of 07/05/23, an administrative nurse (#3) identified Resident #4 and #5 as receiving hospice services.<br><br>Review of the facility's licensing application dated 11/17/22 identified the facility failed to apply for end of life services. | B2300 | The "Application for License to Operate a Basic Care Facility" SFN 16855 was completed and submitted, 08/21/2023.<br><br>The End-of-Life policy was reviewed with caregivers, medications aides, nursing and administration on 07/24/2023.<br><br>33-03-24.1-23. End-of-life services statue was also reviewed with the nursing staff and administration. Completed date: 08/14/2023<br><br>The Management Company will review the final form for applications to ensure that annually the end-of–life services are selected, Regional Nurse. Completed date: 08/21/2023 | |