STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355106	A. BUILDING _____ B. WING _____	10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER POINTE, A PROSPERA COMMUNITY	3500 21ST ST SE MANDAN, ND 58554

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F 000	INITIAL COMMENTS The Standard Medicare/Medicaid recertification survey started on 10/21/19 and concluded 10/24/19.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility education, manufacturer's instructions, and staff interview, the facility failed to ensure facility staff followed professional standards of practice for 2 of 7 observations of insulin administration. Failure to prime the insulin pen in an upright position may result in a resident receiving an inaccurate dose of insulin. Findings include: The facility provided education materials on insulin administration "Insulin Injections, Using Insulin Pens, Adult" on 10/24/19. This training stated, ". . . 11. Follow the manufacturer's instructions to prime the insulin pen with the volume of insulin needed. Hold the pen with the needle pointing up, and push the button on the opposite end of the pen until a drop of insulin appears at the needle tip. . . ." The manufacturer's "Instructions for Use HUMALOG KwikPen", dated 2018, stated, ". . . Prime before each injection. Priming your pen	F 658	F-658- Services Provided Meet Professional Standards It is the intent of this facility to remain in compliance with F-658 and provide services that meet professional standards as evidenced by the following: Insulin Pens The Insulin Pen Policy and Procedure was reviewed and remains unchanged. Emphasis and education is placed on adhering to this procedure. Mandatory education for all nursing staff will be held on 11/21/19 and will include the following: 1. Review of the Insulin Pen policy with special attention to the requirement of priming the pen as directed. All residents receiving insulin via pen has the potential to be affected by this practice. To ensure compliance the following QI monitoring will be completed by the QI Coordinator and/or her designee using the QI worksheet titled	11/28/19

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

Electronically Signed | 11/05/2019

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F 658	Continued From page 1 means removing the air from the Needle and Cartridge that may collect during normal use and ensure that the Pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin. . . ." - Observation on 10/23/19 at 4:55 p.m. showed a nurse (#2) prepared a Humalog KwikPen for injection. The nurse (#2) held the pen sideways to prime the pen. - Observation on 10/23/19 at 5:06 p.m. showed a nurse (#2) prepared a Humalog KwikPen for injection. The nurse (#2) pointed the pen downward towards the garbage to prime the pen. During these observations the nurse (#2) failed to hold the pen with the needle pointing up and to tap the cartridge gently to collect air bubbles at the top to prime the pen correctly. During an interview on 10/24/19 at 4:57 p.m. an administrative nurse (#3) confirmed the nurse failed to prime the pen as per facility expectations.	F 658	Insulin Pens Clinical Checklist. QI monitoring will begin the week of 11/18/19. Monitoring of 50% of residents with administrations of Insulin via pen will be done weekly x 4, and then monthly x 2 to ensure that proper priming occurred. Results of the QI monitoring will be reviewed as part of the monthly facility QAPI meetings and the results summarized at the quarterly QAPI meeting with the Medical Director in attendance. The need for further monitoring will be determined based upon these results. Date Certain: 11/28/19 Attachments: 1. Nurses meeting agenda dated 11/21/19 2. QI Worksheet titled-Insulin Pens Clinical Skills Checklist	
F 812 SS=D	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	F 812		11/28/19

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F 812	Continued From page 2 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 the correct concentration of sanitizer solution in 1 of 1 kitchen. Failure to correctly prepare sanitizing solutions in a sanitizer bucket according to the facility's policy may result in a sanitizer concentration that is either too weak to sanitize kitchen surfaces or too strong, which mayleave a chemical residue on surfaces. Findings include: Review of the facility policy, "Sanitizing Food Contact Surfaces" occurred on 10/24/19. This policy, revised December 2017, stated, ". . . Mix sanitizing chemicals in the recommended concentration levels . . . Refer to manufacturer's information for proper concentrations measured in parts per million (ppm). . . ." - An initial tour of the kitchen occurred on 10/21/19 at 8:20 a.m. with a supervisory dietary staff member (#1). Observation showed staff member (#1) tested the concentration of a bucket of sanitizing solution with a result of 100 ppm. The staff member (#1) stated the solution should	F 812	F-0812: Food Procedure, Store/Prepare/Serve-Sanitary It is the intent of this facility to remain in compliance with F-0812 and store, prepare and serve food in accordance with professional standards as evidenced by the following: The Sanitizing Food Contact Surfaces policy and procedure was reviewed and will remain unchanged. All Staff including dietary department will be educated at the all staff meeting held 11/21/2019 on the following: 1. Sanitation concentrations per manufacture recommendation. Individual educated provided 11/5/2019 through 11/21/2019 for those unable to attend the meeting. Food service sanitation has the potential to affect all residents. To ensure compliance the following QI monitoring will be completed by the QI Coordinator and/or her designee using the QI	

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F 812	Continued From page 3 be between 250-500. - A return tour of the kitchen occurred on the afternoon of 10/23/19. Observation showed a supervisory dietary staff member (#1) tested the concentration of a bucket of sanitizing solution with a result of 100 ppm. During an interview on 10/24/19 at 3:50 p.m., a supervisory staff member (#1) stated she expects staff to change sanitizer bucket solution every 2-3 hours or when it looks soiled.	F 812	worksheet titled Food Procedure/store/prepare/serve/sanitary: 1. Use of chemical sanitation buckets and concentration will be monitored weekly X4 and then monthly X2 to ensure that dietary staff is using chemicals at the correct concentration (150-400 ppm) to clean surfaces. Results of the QI monitoring will be reviewed as part of the monthly facility QAPI meetings and then summarized at the Quarterly QAPI meetings with the Medical Director in attendance. The need for further monitoring will be determined based on these results. Attachments: 1. Agenda and attendance sheet for All Staff 11/21/2019 meeting/in-service. 2. QI worksheet titled Food Procedure/store/prepare/serve/sanitary: Date Certain: 11/28/2019	
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and procedure, review of Ecolab Safety Data Sheet, and staff interview, the facility failed to maintain a safe environment free of hazardous	F 921	F-921-Safe/Functional/Sanitary/Comfortable Environment It is the intent of this facility to remain in	11/28/19

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F 921	Continued From page 4 chemicals on 2 of 6 unit kitchenettes (Unit 200-Memory Care Unit and Unit 500). Failure to secure hazardous chemicals placed cognitively impaired/wandering residents at risk of exposure to those chemicals. Findings include: Review of the facility policy titled "Chemical Use and Storage" occurred on 10/24/19. This policy, revised August 2019, stated, ". . . To promote safe use and storage of chemicals in the food service area . . . detergent and polishes are properly stored . . . Strength of chemicals used in the dishwasher or three-compartment sink are recorded by employees and monitored by the person in charge. . . ." Review of Eco lab safety data sheets showed: * ". . . ECOTEMP ULTRA KLENE . . . Danger . . . Immediately call a POISON Center or doctor/physician . . . Causes serious eye damage . . . Causes severe skin burns . . . Causes digestive tract burns . . . May cause nose, throat, and lung irritation. . . ." * ". . . ECO-SAN . . . Danger . . . Causes severe skin burns and eye damage . . . Immediately call a POISON CENTER or doctor/physician . . . Harmful in contact with skin . . . Harmful if swallowed. . . ." * ". . . Redi San Hard Surface Sanitizer . . . Caution . . . Causes eye irritation. . . ." * ". . . Comet Creme Deodorizing Cleaner with Chlorinol . . . Warning . . . Causes eye irritation. . . ." - A brief initial tour of Unit 500's kitchenette occurred on the morning of 10/21/19 with a	F 921	compliance with F-921 and provide a safe, functional, sanitary, and comfortable environment for the residents, staff and public. Chemical Use and Storage: The Chemical Use and Storage policy and procedure was reviewed and remains unchanged. Education and QI monitoring will focus on adherence to the policy and ensuring a safe environment for the residents, staff and public. Education, including policy review, will be done at all staff meeting held on 11/21/19. This education will include proper storage of chemicals. An unsafe environment has the potential to affect all residents. Beginning the week of 11/18/19, the QI coordinator and/or her designee will complete QI monitoring of 10 chemical storage cabinets weekly X 4, then monthly X 2 to ensure that chemicals are locked safely according to policy. Results of the QI monitoring will be reviewed as part of the monthly facility QI meetings and then summarized at the Quarterly QI meeting with the Medical Director in attendance. The need for further monitoring will be determined based on these results. Attachments: 1. Agenda for 11/21/19 meetings 2. QI worksheet titled Chemical Storage Date Certain: 11/28/2019	

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F 921	Continued From page 5 supervisory dietary staff member (#1). Observation showed a spray bottle labeled vinegar/dawn dishwashing liquid on top of a dishwasher. The staff member (#1) placed the spray bottled in an unlocked cupboard. When asked about the spray bottle, the staff member stated that it should be kept in a locked cabinet. The unlocked cabinet contained chemicals including Redi San Hard Surface Sanitizer, Comet Deodorizing Cleaner, Ecotemp Ultra Clean, Eco-San, Eco-temp Ultra Dry, and a spray bottle labeled vinegar/dawn dishwashing liquid). -A return tour of the kitchenettes occurred on the afternoon of 10/23/19 with a supervisory dietary staff member (#1). Observation showed an unattended kitchenette on Unit 200 (memory care unit) with an unlocked chemical cupboard containing Ecotemp Ultra Clean, Eco-San, Redi San Hard Surface Sanitizer, Comet Deodorizing Cleaner, Eco-temp Ultra Dry, and a spray bottle labeled vinegar/dawn dishwashing liquid. During an interview on 10/24/19 at 5:15 p.m., a supervisory staff member (#1) stated she expects staff to keep kitchenette chemical storage areas locked when staff is not in there.	F 921		