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 _____	10/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH CONTINUING CARE CENTER OFF COLLINS	201 14TH ST NW MANDAN, ND 58554

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on October 5, 2015 and completed on October 8, 2015, the sample included four (4) residents for complete review, nine (9) residents for focused review, and two (2) closed records for review. The sample included two (2) additional residents to verify specific concerns during the survey.	F 000		
F 278	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a	F 278		11/12/15

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

Electronically Signed | 10/21/2015

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F 278	Continued From page 1 material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (Version 3.0), the facility failed to ensure the Minimum Data Sets (MDSs) accurately reflected the residents' status for 1 of 13 sampled residents (Resident #9) and 1 of 2 closed resident records (Resident #14) reviewed. Failure to accurately code skin treatments does not allow the residents' assessments to reflect their current status/needs, and has the potential to affect the care provided to these residents. Findings include: Section M1200D (Nutrition or Hydration Intervention to Manage Skin Problems) of the RAI Manual, October 2014, page M-38 and M-39, stated, "The determination as to whether or not one should receive nutritional or hydration interventions for skin problems should be based on an individualized nutritional assessment. . . . If it is determined that nutritional supplementation, i.e. adding additional protein, calories, or nutrients is warranted, the facility should document the nutrition or hydration factors that are influencing skin problems and/or wound healing and tailor nutritional supplementation . . . and obtain dietary consultation as needed. . . ." - Review of Resident #9's medical record occurred on all days of survey. Resident #9's quarterly MDS, dated 07/03/15, and annual MDS	F 278	It is the intent of Sanford Off Collins to remain in compliance with F-278 and maintain assessments that accurately reflect the resident's status as evidenced by the following: Education was provided on 10-14-15 by the Sanford Continuing Care Center Quality Director for the MDS coordinator and Dietician related to correct coding of Section M1200D in regards for resident #9 and resident #14 as stated in the RAI manual. The MDS assessment noted as being coded incorrectly for resident #9 was dated 7-3-15. The 10-3-15 assessment was coded correctly. The MDS assessment for Resident #14 was a closed record and does not require a correction. The correct coding of section M1200D potentially affects all residents of the facility. Section M1200D was checked for those residents in the facility on 10-5-15. Nine records required a modification which was completed 10-16-15 by the MDS Coordinator. To ensure that correction is maintained, the MDS Coordinator or her designee will audit weekly X4 beginning 10-19-15 those residents with M1200D checked on the	

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F 278	Continued From page 2 dated, 10/03/14, identified nutrition or hydration interventions to manage skin problems. The medical record lacked an individualized nutritional assessment to indicate a need for nutrition or hydration interventions for the purpose of preventing or treating specific skin conditions. - Review of Resident #14's medical record occurred on 10/07/15. Resident #14's quarterly MDS, dated 04/27/15, significant change MDS, dated 10/27/14, and 03/28/14, identified nutrition or hydration interventions to manage skin problems. The medical record lacked an individualized nutritional assessment to indicate a need for nutrition or hydration interventions for the purpose of preventing or treating specific skin conditions.	F 278	MDS completed that week to confirm supporting documentation related to preventing or treating specific skin conditions is noted on the nutritional assessment. Ten percent of all MDS's completed will be audited monthly X2 to ensure documentation compliance. CQI coordinator and/or her designee will bring results of the QI monitoring for review as part of the monthly CQI meetings and then summarized at the Quarterly meeting to be held with the Medical Director in attendance. The need for further monitoring will be determined based upon these results. Attachments: 1. Agenda & Attendance for Education 2. Submission Acceptance of nine modified assessments 3. CQI Worksheet - MDS Monitoring M1200D Date Certain: 11-12-15	
F 323	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	F 323		11/12/15

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F 323	Continued From page 3 by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to utilize assistive devices to prevent accidents for 4 of 7 sampled residents (Resident #7, #9, #10, and #11) assisted with a gait belt during transfers. Failure to appropriately utilize a gait belt and transfer residents according to the plan of care may result in falls and/or injuries to residents. Findings include: Review of the facility policy titled "Gait Belts" occurred on 10/08/15. This policy, dated 05/02/11, stated, ". . . 1. Gait belts are used to assist staff to safely transfer or ambulate a resident. . . Grasp the belt firmly from underneath. . . .5. Bring resident to a standing position. . . by grasping the belt firmly. . ." - Review of Resident #11's medical record occurred on October 7-8, 2015. Diagnoses included Parkinson's disease, chronic pain, and weakness. Review of a quarterly MDS (Minimum Data Set), dated 07/13/15, identified extensive assist of two persons for transfer. Review of Resident #11's current care plan stated, "Problem: ADL's [Activities of Daily Living]: Unable to complete own cares due to limited mobility related to Parkinson's . . . Approach . . . Transfers: Assist of 2, gaitbelt and walker to pivot transfer. . . ." Observation on 10/07/15 at 5:00 p.m., showed two Certified Nursing Assistants (CNAs) (#6 and #7) applied a gait belt around the waist of	F 323	It is the intent of Sanford Off Collins to remain in compliance with F-323 and provide adequate supervision and assistive devices to prevent accidents. Incorrect use of a gait belt and completion of a resident transfer that is not done according to the individualized care plan has the potential to affect all residents who require assistance with transfers. To prevent an accident from occurring with this population the following will be completed: Education will begin 10-15-15 at which time the Use of Gait Belt Policy and Procedure will be reviewed with nursing personnel along with a competency completion on the correct use of Gait Belts to prevent injury or accidents involving a resident. This education will be completed by Assistant Director of Nursing and CNA Coordinator. To insure that the Gait Belt is used correctly QI monitoring will be completed starting the week of 10-26-15 by the CQI Coordinator and/or her designee using the CQI worksheet titled Gait Belt Usage. Ten observations of staff using gait belts for transfers will be done weekly X4 and then monthly X2. Gait Belt use for transfers will be monitored for residents #7, #9, #10, and #11 the first week of observations. Individual education with nursing personnel will begin 10-15-15 to ensure	

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F 323	Continued From page 4 Resident #11 and while using a walker assisted the resident to transfer from the recliner into her wheelchair. The observation showed the resident very dependent on both staff during the transfer. Review of Resident #11's progress notes, dated 10/07/15, stated, "07:50 Resident was lowered by staff to floor during transfer from bed to wheelchair. No injuries noted and no new pain. Fall was witnessed by staff and resident did not hit her head . . . 09:47 Fall team met to discuss recent assisted fall. Resident will continue with current transfer status and restorative nursing programs." During an interview on 10/07/15 at 5:55 p.m., an administrative nurse (#5) reported a CNA had attempted to transfer Resident #11 that morning. The staff member (#5) read from the incident report and identified one CNA used a gait belt and walker to transfer the resident from her bed into her wheelchair. During the transfer, the resident was unable to stand and the CNA lowered her to the floor. The staff member (#5) stated, "the resident is care planned for an assist of 2 and I expect the staff to follow the care plan." Failure of the facility staff to provide a safe transfer that followed the plan of care resulted in a fall for Resident #11. - Review of Resident #7's medical record occurred on all days of survey. Diagnoses included hemiplegia (paralysis of one side of the body) affecting left extremities, cerebrovascular accident, pain, and history of falls. Review of the quarterly MDS, dated 08/16/15, identified the resident as needing extensive assist of two or	F 323	ADL Care Plans are being followed as they are written in regards to transfer status. QI monitoring will be completed starting the week of 10-26-15 by the CQI Coordinator and/or her designee using the CQI worksheet entitled Gait Belt Usage & Care Plan adherence. Ten observations of residents transfers to monitor adherence to the care plan with transfers will be completed weekly X4 and then monthly X2 beginning 10-26-15. Initial QI observations will include resident #11. CQI coordinator and/or her designee will report results of the QI monitoring as part of the monthly CQI meetings and then summarized at the Quarterly meetings to be held with the Medical Director in attendance. The need for further monitoring will be determined based upon these results. Attachments: 1. Agenda and attendance for education provided on Gait Belts/Care Plans 2. QI Worksheet - Gait Belt Usage & Care Plan Adherence Date Certain: 11-12-15	

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F 323	Continued From page 5	F 323		

more persons for transfers. Review of Resident #7's current care plan stated, ". . . Transfers: Assist of 2, gaitbelt and hemi walker to stand pivot for all transfers and mobility. . . "

Observation on 10/06/15, at 9:32 a.m. showed two CNAs (#1 and #2) applied a gait belt to Resident #7 prior to transferring. One CNA (#1) assisted Resident #7 to a standing position by grabbing the gait belt firmly, the other CNA (#2) assisted the resident by grabbing the waistband on the back of the resident's pants.

- Review of Resident #9's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, dementia without behavior disturbances, mild intellectual disabilities, osteoarthrosis, and osteoporosis. Review of the annual MDS, dated 10/03/15, identified the resident as needing limited assist of one person for transfer.

Observation on 10/05/15, at 4:46 p.m. showed a licensed nurse (#3) assisted Resident #9 to a standing position by lifting the resident under the right arm and by grabbing the waistband on the back of the resident's pants.

- Review of Resident #10's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease, dementia, history of (pubic rami, sacrum/coccyx) fracture, osteoporosis, history of falls, and left hip joint replacement. Review of the quarterly MDS, dated 08/26/15, identified the resident as needing extensive assist of two or more persons for transfers. Review of Resident #10's current care plan stated, ". . . Assist of one and gait belt. . . "

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F 323	Continued From page 6 Observation on 10/07/15, at 3:04 p.m. showed a CNA (#4) applied a gait belt around Resident #10's waist. The CNA (#4) then assisted the resident off the toilet by lifting under the resident's left arm. During an interview with an administrative nurse (#5) on 10/08/15, at 8:40 a.m., the nurse (#5) stated she would expect staff to assist with transfers and utilize a gait belt.	F 323		
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to ensure 3 of 13 sampled residents (Resident #6, #8, and #12) and 1 of 2 closed resident records (#14) had a complete and accurate medical record. Failure to ensure a complete and accurate medical record does not allow staff and/or providers to have access to all information	F 514	It is the intent of Sanford Off Collins to remain in compliance with F-514 and maintain accurate clinical records on each resident in accordance with acceptable professional standards and practices that are complete, accurately documented, readily accessible, and systematically	11/12/15

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F 514	Continued From page 7 necessary to provide care and treatment for the residents. Findings include: -Review of Resident #14's medical record occurred on 10/07/15. The EMR (Electronic Medical Record) contained a scanned progress note from a provider regarding another current resident. - Review of Resident # 12's medical record occurred October 07-08, 2015. The EMR contained a scanned provider's progress note regarding another current resident. - Review of Resident #6's medical record occurred on all days of survey. The EMR contained a scanned provider's progress note regarding a discharged resident. - Review of Resident #8's medical record occurred on all days of survey. The EMR contained a scanned provider's progress note regarding a discharged resident. Failure to have an accurate medical record potentially limits the providers ability to ensure appropriate care and services to the resident and may result in inappropriate access to other resident's personal information.	F 514	organized. Beginning 10-12-15, the documents noted in the 2567 to be erroneously attached were identified and reattached to the appropriate charts. Thorough review of the physician progress note sections for residents #6, #8, #12, and #14 was completed to ensure no documents were attached incorrectly. To ensure this practice has not affected other patients, thorough review of the physician progress note sections for residents present during survey was intiated 10-15-15 to be completed prior to date certain of 11-12-15. The Management of Faxes policy was revised to include a process for ensuring the document was attached correctly by going back into the resident chart and verifying it is accurately attached. Education was provided to all staff with Matrix access to attach documents beginning 10-15-15 at which time the revised management of faxes policy was reviewed. To ensure accuracy of the clinical record, QI monitoring will be initiated beginning the week of 10-26-15 by the CQI coordinator and/or her designee using the QI worksheet titled Document Accuracy. Observations will be completed on 10 Physician Visits/Physician Consults per week X4 weeks and then ten per month	

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F 514	Continued From page 8	F 514	X2 months. Results of the QI monitoring will be reviewed as part of the monthly CQI meetings and then summarized at the Quarterly meeting to be held with Medical Director in attendance. The need for further monitoring will be determined based upon these results. Attachments: 1. Revised Management of Faxes Policy 2. List of charts reviewed 3. QI Worksheet Document Accuracy Date Certain 11-12-15	