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 _____	10/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANFORD HEALTH CONTINUING CARE CENTER OFF COLLINS	201 14TH STREET NW 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) COMPLETION DATE
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 10/21/13 and completed on 10/23/13, the sample included 3 residents for complete review, 9 residents for focused review, and 2 closed records.	F 000	F-431: Drugs Records, Label/Store Drugs & Biologicals It is the intent of Sanford Health Continuing Care Center Off Collins to remain in compliance with F-431 and reconcile controlled substances administered on a PRN basis as evidenced by the following: Counting of the PRN controlled substances is a facility process that has the potential to affect all residents. The Medication Reconciliation P & P has been revised to require that C-III, C-IV, and C-V medications given on a PRN basis are reconciled weekly at a minimum and PRN as necessary. Controlled substances given on a scheduled basis are done so in a calendar supply basis which allows for easy identification if meds are unaccounted for. Nursing education will be completed on 11-13-13 and will include the importance of completing a reconciliation of controlled substances given on a PRN basis a minimum of weekly and as needed.	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 431		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mindy Marcus	Administrator	11/5/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SANFORD HEALTH CONTINUING CARE CENTER OFF COLLINS	201 14TH STREET NW MANDAN, ND 58554

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F 431	Continued From page 1 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility failed to ensure periodic reconciliation (accurate account) of Scheduled IV controlled medications for 1 of 1 nursing unit. Failure to periodically reconcile controlled medications has the potential for medication errors and loss or diversion of medications. Findings include: Review of the medication room occurred on 10/23/13 at 3:55 p.m., with an administrative nurse (#1). During review of the injectable Ativan (Scheduled IV antianxiety medication) the staff member stated, "we do not count oral Ativan, only the injectable is counted." During an interview on the afternoon of 10/23/13, an administrative nurse (#3) confirmed the oral Ativan is not counted or periodically reconciled. During an interview on the afternoon of 10/23/13, a staff pharmacist (#4) agreed oral Ativan is a controlled medication, however it is not counted or periodically reconciled by the facility.	F 431	CQI monitoring will be completed on a weekly basis X4 weeks by the CQI Coordinator and/or her designee beginning the week of 11-18-13 to determine that controlled meds are reconciled according to the P & P. Results of this monitoring will be reviewed at the November CQI meeting to determine that compliance has been achieved and is maintained. The need for further monitoring will be determined based on the results of this CQI monitoring. Date Certain: 11-26-13 Attachments: 1. Agenda for 11-13-13 nursing meeting 2. Medication Reconciliation P & P 3. List of C-III, C-IV, & C-V Medications 4. CQI Worksheet-Medication Reconciliation	