STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 An unannounced onsite investigation survey regarding a complaint was completed on February 1, 2024. During the complaint investigation, the facility was found noncompliant with regulatory requirements. Based on the results of the complaint survey, an extended survey was completed on February 5, 2024.	F 000		
F 684 SS=J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy, and staff interview, the facility failed to provide care and services for 1 of 1 closed record (Resident #1) with diabetes. Failure to ensure residents receive treatment and care according to professional standards of practice related to blood glucose monitoring increases the risk of serious harm, impairment, or death. During the complaint survey, the team determined an Immediate Jeopardy (IJ) situation existed on 02/01/24 at 5:22 p.m. The IJ resulted from staff failure to recheck a resident's glucose [sugar] or take additional interventions after a test result of 61 mg/dL (milligrams per deciliter) on 01/13/24. Staff found Resident #1 unresponsive	F 684	POC F684 □ Resident #1 no longer resides in the facility. For all diabetic residents at Luther Memorial Home that have blood glucose checks ordered, orders have been revised in the EMR so that if the blood glucose is < 70 mg/dl the nurse is prompted to complete required task interventions and complete a blood glucose recheck 15 minutes following completed intervention until blood glucose is >70 mg/dl. For all diabetics that have blood glucose checks ordered at HS, orders have been revised in the EMR so that if the blood glucose is < 120mg/dl the nurse is prompted to provide a snack that	2/6/24

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

Electronically Signed | 02/16/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 1 and could not be revived. * 02/01/24 at 4:03 p.m., the survey team contacted the State Survey Agency (SSA) to report the findings, discuss, and confirm the presence of IJ. * 02/01/24 at 5:22 p.m., the survey team notified the administrator and the director of nursing (DON) of the IJ situation, provided them with the IJ template, and requested they develop a plan for removal of the IJ. * 02/02/24 at 11:33 a.m., the DON emailed the IJ removal plan for the SSA to review. The removal plan contained the following: * For all diabetic residents with orders for blood sugar [BS] checks the facility revised the orders in the electronic medical record [EMR] so if the BS is less than 70 the nurse is prompted to complete required task interventions and complete a BS recheck 15 minutes after the intervention until the BS is greater than 70. The nurse will not be able to sign off the order until all required tasks are completed. The nurses will also be required to enter the BS result in the task before it can be signed off. * The facility updated the blood glucose protocol to incorporate these changes. * All nurses will be educated on this updated facility blood glucose protocol prior to working their next shift. * Added specific education for the blood glucose protocol to the nurse orientation checklist. * 02/02/24 at 11:35 a.m., the SSA reviewed and accepted the facility's removal plan for the IJ.	F 684	contains a carbohydrate and a fat/protein. These HS snacks have been made more easily available for the nurses by dietary stocking these snacks at the nurses stations. This was completed on 2/2/24. This ordered task will not be able to be signed off until all required tasks are completed and answered in the task order. The nurse will be required to enter the blood glucose result in the task before it can be signed off. The facility policy and procedure for Blood Glucose Protocol If Abnormal has been updated to incorporate these changes. This was completed 2/2/24. All staff were notified of IJ deficiency issued by the health department for failing to follow protocol for low blood glucose checks per memo posted at the time clock. All nurses will be educated on the updated facility Blood Glucose Protocol If Abnormal prior to working their next shift in the facility. 24 nurses have completed the education and acknowledge understanding of this policy. 3 agency nurses that work occasionally at the facility and 1 prn facility nurse will be educated on this policy prior to being allowed to work in the facility. Specific education for this policy, Blood Glucose Protocol If Abnormal has been added to the orientation checklists for newly hired nurses and also for agency nurses. Monitoring for compliance began on 2/5/24 and is being completed twice a week by the QA nurse or designee to ensure all blood glucose results were	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 2 * 02/02/24 at 11:43 a.m., the SSA notified CMS (Centers for Medicare & Medicaid Services) location of the presence of IJ and emailed the IJ template to CMS. * 02/05/23 at 5:05 p.m., the survey team verified the implementation of the facility's IJ removal plan. The deficient practice remained at a "G" scope and severity following the removal of the IJ. Findings include: Review of the facility policy and procedure titled "Blood Glucose - Protocol if Abnormal" occurred on 02/01/24. This policy, dated 05/17/23, stated, ". . . Low glucose is considered below 70. . . . For GLC [glucose] 60-70 - give 15 g [grams] CHO [carbohydrate] * 4 oz juice * 4 oz regular soda * 1 tablespoon sugar (4 packets), honey, jam or jelly * 5 or 6 pieces of hard candy * 6 large Jelly beans, 5 gum drops, 1"2 [sic] gummi bears, 4 Starburst, 1.S [sic] Skittles. . . . Wait 15 minutes then re-check glucose. If still low repeat this procedure. Once glucose is above 70 a snack containing carbohydrate and fat/protein should be provided, unless the next meal is within 30 minutes. . . . If someone has a glucose above 70 but below 120 at bedtime or several hours before the next meal, they should be given a snack that contains carbohydrate and fat/protein. . . ." Review of Resident #1's medical record occurred on 02/01/24. Physician orders included: * 09/20/23, "Novolog Flexpen U-100 Insulin [fast-acting insulin] . . . 100 unit/mL [milliliter] . . . 30 units; subcutaneous [under the skin] Once A	F 684	documented correctly, appropriate interventions were made when indicated and interventions were documented in the electronic health record and follow up blood glucose checks were completed to evaluate the effectiveness of the interventions and need for further intervention. Data will be collected and compliance with protocol for all residents that are diabetic and have blood glucose checks ordered for 9 months to ensure compliance is achieved and sustained. This data will be reported to the QAPI committee monthly. If noncompliance or concerns are identified, immediate corrective action will be taken, such as further education of nurse not complying with facility policy or disciplinary action.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 3 Day 05:00 PM" * 09/03/16, "Tresiba FlexTouch U-100 [long-acting insulin] . . . 30 units; subcutaneous Special Instructions: HOLD FOR BS LESS THAN 150 At Bedtime 08:00 PM" Resident #1's Medication Administration Record (MAR) for 01/13/24 showed the following: * 5:00 p.m., Novolog Insulin, 30 units administered by a nurse (#1) * 8:00 p.m., Blood Sugar Check, a nurse (#1) documented at 10:37 p.m., "Administered late Comment: Administering care" * 8:00 p.m., Tresiba Insulin, 30 units, a nurse (#1) documented two different entries at 10:37 p.m. "Administered late Comment: Administering care" and "Site: Not Charted: On Hold Comment: bs 61" The medical record documentation showed a delay in completion of 8:00 p.m. orders. The nurses' notes stated the following: * 01/13/24 at 2:12 p.m. "Emesis: Staff report resident had emesis of indigested food. Assisted with cleaning up. Will continue to monitor and have oncoming nurse assess." * 01/13/24 at 9:15 p.m. (created 01/15/24 06:56 a.m.) "According to protocol, [resident's name] Tresiba was placed on hold because his Bs [BS] 83, which was less than the 150 the required amount to enable him to have one. In order to help bring his Bs up I gave him some cranberry juice, honey and cookie, which he ate a little, after lots of prompting. I came back after 30mins [sic] to recheck him and see if his Bs had improved, but instead his Bs has decreased	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 4	F 684		

further to 61. So I decided to tried [sic] again and gave him a little more juice, cookie and honey with the help of other staff members. After more prompting [resident name] was able to drink some of the juice, take the honey and eat some of cookie and he went to bed. Staff came to his room around 10:30 to changed [sic] and get him ready for bed. According to them he responded well. Around 11 [p.m.] he was heard hitting the wall and talking, which he does usually when he is in his room. When he was checked on the next time around 00: 15 [sic] [a.m.] he was found unresponsive and cold to touch and could not be revived."

* 01/14/24 12:22 a.m. ". . . This writer entered resident's room and round [sic] resident expired. Body cold to touch. Yellow emesis and large amounts of clear phlegm found on bed next to mouth. . . . Apical [specific point on the chest] HR [heart rate] absent for 1 minute, double verified by other charge nurse."

During an interview on 02/01/24 at 3:49 p.m., an administrative staff member (#2) reported she called the certified nurse aide (CNA) (#3) on 02/01/24 to obtain her recollection of her interaction with Resident #1 on 01/13/2024 after 10:45 p.m. An administrative staff member (#2) reported the CNA (#3) confirmed she worked that night, arriving at 10:45 p.m. The CNA (#3) reported Resident #1 was not banging on the wall, but knocking, as he did all the time. He would play with his light and mess around. The nurse (#1) asked the CNA (#3) to bring the resident four ounces of cranberry juice and a whole packet of honey. The CNA (#3) gave Resident #1 the cranberry juice between 11:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 5 p.m. and 11:15 p.m. and it did not take the resident long to drink it. The CNA (#3) stated the resident coughed a little bit while drinking the cranberry juice. The CNA (#3) left the resident's head of the bed up because he looked comfortable and had closed his eyes. Resident #1's blood sugars included: 09/02/23 5:28 a.m. - 68 mg/dL - Failed to indicate what staff gave to the resident to increase blood sugar and re-check glucose after 15 minutes. 12/19/23 8:20 p.m. - 69 mg/dL - Failed to indicate what staff gave to the resident to increase blood sugar and re-check glucose after 15 minutes. 01/10/24 8:00 p.m. - 58 mg/dL, 8:20 p.m. - 80 mg/dL - Failed to indicate what staff gave to the resident to increase blood sugar. 01/11/24 7:37 p.m. - 78 mg/dL - Failed to indicate if snack was given at bedtime. 01/13/24 4:45 p.m. - 146 mg/dL - A nurse's note, dated 01/13/24 at 9:15 p.m., referenced blood sugars of 83 mg/dL and 61 mg/dL but failed to document the times staff obtained the blood sugars. During an interview on 02/01/24 at 2:40 p.m., two administrative staff members (#2 and #4) confirmed the following: * Staff are expected to follow the protocol [Blood Glucose - Protocol if Abnormal] unless there are other orders in place by the provider when a blood sugar is low. * Nurse (#1) had been the nurse on the 01/13/24 evening shift and hadn't charted the events from 01/13/24 so we requested documentation of a late entry on 01/15/24. * It is unknown what time the nurse obtained the blood glucoses of 83 mg/dL and 61 mg/dL.	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355040	A. BUILDING _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MEMORIAL HOME	**750 MAIN ST E MAYVILLE, ND 58257**

(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 684	Continued From page 6 * The nurse should have rechecked the resident's blood sugar after he drank the juice following the BS of 61 mg/dL. * The record lacked documentation of an assessment following the resident's emesis on 01/13/24 at 2:12 p.m. * Staff were expected to offer Resident #1 a bedtime snack if his BS was less than 120 mg/dL. The record lacked evidence Resident #1 received a bedtime snack on 01/13/24. Facility staff failed to: * Re-check blood glucoses after 15 minutes when a blood glucose is below 70 mg/dL. * Document interventions for low blood glucoses or between 70 mg/dL and 120 mg/dL at bedtime. * Complete 01/13/24 8:00 p.m. orders in a timely manner. * Document the times the staff obtained blood sugars of 83 mg/dL and 61 mg/dL as referenced in a progress note dated 01/13/24 at 9:15 p.m. * Assess the resident following an emesis, as indicated in the progress note dated 01/13/24 at 2:12 p.m. * Create a progress note in a timely manner. The nurse created the 01/13/24 9:15 p.m. progress note over 33 hours later. * Provide an HS snack when blood sugars are between 70 mg/dL and 120 mg/dL at bedtime.	F 684		