| 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 _____ | 09/05/2019 |

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

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| F 000 | INITIAL COMMENTS<br><br>The Standard Medicare/Medicaid recertification survey started on 09/03/19 and concluded on 09/05/19. | F 000 | | |
| F 558 SS=D | Reasonable Accommodations Needs/Preferences<br>CFR(s): 483.10(e)(3)<br><br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br>1. Based on observation, record review, and staff interview, the facility failed to ensure 2 of 3 sampled residents (Resident #65 and #70) received reasonable accommodations of needs regarding the use of a palm protector and a hand splint. Failure to consistently apply a palm protector (Resident #65) and a hand brace (Resident #70) may result in the further contracture of the hand.<br><br>Findings include:<br><br>- Review of Resident #65's medical record occurred on all days of survey. The current care plan and the care card stated, " . . . Palm protector to L [left] hand on during the day . . ."<br><br>Observation on all days of survey showed staff failed to provide Resident #65 with a left hand palm protector.<br><br>- Review of Resident #70's medical record | F 558 | F558<br>For resident #65 and #70 and all other residents at Luther Memorial Home that require splints or braces as part of their plan of care nursing and c.n.a. staff will have education provided that includes placing and removing splints and braces at proper times as directed per physician□s orders at staff meetings to be held September 24th, October 1st and 2nd. All residents with orders for splints or braces will have placement and removal monitored by professional nursing staff and documentation will be completed by nursing staff on the treatment administration record.<br>QA data collection and monitoring will be done by the QA nurse, or designee to ensure all residents with splints or braces ordered as part of their treatment plan are having them placed and removed appropriately according to physician□s | 10/10/19 |

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

Electronically Signed | 09/16/2019

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| F 558 | Continued From page 1<br>occurred on all days of survey. The physician progress notes stated, ". . . L [left] hand splint - remove for cares onlly [sic] . . ." The current care plan stated, " . . . Resting Left hand splint . . ."<br><br>Observation on 09/03/19 at 5:54 p.m. showed Resident #70 in a wheelchair in the dining room. The resident did not have a left hand splint in place.<br><br>During an interview on 09/05/19 at 11:58 a.m., an administrative staff member (#8 ) confirmed Resident #65 and #70 needed to wear the palm protector and hand splint as per the care plan.<br><br>THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 08/23/18.<br><br>2. Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide reasonable accommodation of needs regarding call lights for 1 of 19 sampled residents (Resident #6). Failure to place Resident #6's call light within reach may result in an inability to call for help, discomfort, incontinence, and skin breakdown.<br><br>Findings include:<br><br>Review of the facility policy titled "Accommodation of Needs" occurred on 09/05/19. This policy, dated 08/28/18, stated, "Policy: The facility . . . will evaluate and make reasonable accommodations for the individual needs and preferences of a resident . . . Procedure: 1. The facility will make reasonable accommodations to individualize the resident's | F 558 | orders.<br>QA monitoring will be done weekly on each shift for 1 month, monthly on each shift for 5 months to assure compliance is achieved and sustained. This data will be collected and monitored for a minimum of 6 months. This data will be reported monthly to the QAPI Committee.<br>For resident #6 and all other residents of Luther Memorial Home, Nursing, C.N.A., T.A., Dietary and Activity staff will have education and review of Accommodation of Need Policy on September 24th, October 1st and 2nd. This policy includes the requirement that resident call lights are placed within their reach.<br>QA data collection and monitoring will be done by the QA nurse or designee to ensure that all residents have their call light within reach per policy. QA data will be collected weekly on each shift for all residents for 2 months, monthly on each shift for 4 months and then 10 random call light placements will be checked on varying shifts monthly for 6 months to assure compliance is achieved and sustained. This data will be collected and monitored for a minimum of 1 year. This data will be reported monthly to the QAPI Committee. | |

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| F 558 | Continued From page 2<br>physical environment . .. . This includes such things as keeping the call light within reach . . . "<br><br>Observation on 09/03/19 at 5:11 p.m. showed two certified nursing assistants (CNA) (#6 and #7) entered Resident #6's room to provide cares. The resident verbalized frustration that he could not find the call light. One of the CNAs (#7) found the call light at the end of the bed, which the resident could not reach. This CNA apologized to the resident that the call light was not in reach.<br><br>Review of Resident #6's medical record occurred on all days of survey. Diagnoses included cerebrovascular accident (CVA) with left sided weakness. The quarterly Minimum Data Set (MDS), dated 08/24/19, identified Resident #6 required extensive assist of two persons with bed mobility and totally dependent on two persons for transfers and toileting.<br><br>Resident #6's current care plan stated, "I have ADL [activities of daily living] self care deficit . . . Keep call light in reach at all times. . . ."<br><br>Review of nursing progress notes identified the following:<br>01/31/2019 at 12:30 a.m. ". . . Resident alert and orientated to person. Resident . . . is very worked up about not getting his HS [bedtime] meds and not being able to reach call light. . . . Tylenol will be given to aid in sleep and to help calm him down. . . ."<br>01/31/2019 at 12:43 a.m. "Sleep: Resident worked up about not being able to get to his call light, clipped to [Right] side rail, . . . Pillow was behind his back and he was lying on his left side so he was having a hard time reaching the call | F 558 | | |

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| F 558 | Continued From page 3<br>light. Repositioned him in bed and clipped call light onto house gown up by his chest. Writer asked him if he would like some Tylenol to help calm him down so he could sleep, he agreed; 650 mg [milligrams] Tylenol given at this time. Writer did sit with him for a bit and listened to him and held his hand. He said thank you."<br><br>During an interview on the morning of 09/05/19, an administrative nursing staff member (#1) confirmed staff should place call lights in reach for residents to use. | F 558 | | |
| F 692 SS=D | Nutrition/Hydration Status Maintenance<br>CFR(s): 483.25(g)(1)-(3)<br><br>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-<br><br>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;<br><br>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;<br><br>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.<br>This REQUIREMENT is not met as evidenced by: | F 692 | | 10/10/19 |

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| F 692 | Continued From page 4<br>Based on observation, record review, review of facility audit form, and staff interview, the facility staff failed to offer fluids to 2 of 4 sampled residents (Resident #9 and #21) who required staff assistance for fluid intake and are at risk for dehydration. Failure to provide assistance with fluid intake may result in dehydration, constipation, and urinary tract infections (UTIs).<br><br>Findings include:<br><br>Review of the facility form titled "Resident Care Audit" occurred on 09/05/19. This undated form stated, ". . . Resident cares: . . . Fluid offered before leaving room. . . ."<br><br>- Review of Resident #9's medical record occurred on all days of the survey. Diagnoses included Alzheimer's Disease and legally blind. The current care plan stated, " . . . Nutritional Status . . . extensive assist of one - vision is poor . . . Potential for infection R/T [related to] indwelling catheter . . . encourage fluids . . ."<br><br>Observation on 09/03/19 at 5:35 p.m. showed two certified nursing assistants (CNAs) (#2 and #3) repositioned Resident #9 in bed. Staff failed to offer fluids before or after cares.<br><br>Observation on 09/04/19 at 7:51 a.m. showed two CNA's (#4 and #5) transferred Resident #9 from the bed to wheelchair using a full body mechanical lift. Staff failed to offer fluids before or after cares.<br><br>During an interview on 09/05/19 at 10:22 a.m., an administrative nurse (#1) stated offering fluids with cares is part of the CNA Resident Care audit | F 692 | F692<br>For residents #9 and #21and all other residents at Luther Memorial Home that require assistance to drink fluids, Nursing, C.N.A., T.A. staff will be educated on the need to offer fluids with resident cares at staff meetings being held on September 24th, October 1st and 2nd, 2019 to ensure that residents are offered sufficient fluid intake to maintain adequate hydration.<br>QA data collection and monitoring will be done by QA nurse or designee to ensure that residents are being offered fluids with personal cares. On varying shifts, 8 C.N.A.s will be observed weekly for 8 weeks, then 6 C.N.A.s weekly for 8 weeks, then 3 C.N.A.s weekly for 4 weeks, then 6 C.N.A.s monthly ensuring that residents are offered fluids with cares. C.N.A.s will be corrected at the time of the observation if fluids are not offered. This data will be collected for a minimum of 6 months to assure compliance is achieved and sustained. This data will be reported monthly to the QAPI Committee. Offering fluids with cares is also part of the annual C.N.A. care audit that is done for each C.N.A. | |

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| F 692 | Continued From page 5<br>that is completed annually for all CNAs, and she expected staff to offer fluids with all cares.<br><br>- Review of Resident #21's medical record occurred on all days of the survey. The current care plan stated, " . . . Encourage fluids . . . Extensive to total assist of 1 with eating . . . "<br><br>Observation on 09/03/19 at 3:16 p.m. showed two CNAs (unidentified and #9) provided cares to Resident #21 and failed to offer fluids during or after cares.<br><br>Observation on 09/03/19 at 5:19 p.m. showed two CNAs (unidentified and #10) provided cares to Resident #21 and failed to offer fluids during or after cares.<br><br>During an interview on 09/05/19 at 11:20 a.m., an administrative nurse (#1) stated she expected staff to offer fluids to residents with all cares. | F 692 | | |