| 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 10/10/2024 |

| 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 |
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| F 000 | INITIAL COMMENTS<br><br>The standard Medicare/Medicaid recertification survey started on 10/07/24 and concluded 10/10/24. | F 000 | | |
| F 641 SS=D | Accuracy of Assessments<br>CFR(s): 483.20(g)<br><br>§483.20(g) Accuracy of Assessments.<br>The assessment must accurately reflect the resident's status.<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 1 of 15 sampled residents (Resident #49). Failure to accurately complete the MDS does not allow the resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the resident.<br><br>Findings include:<br><br>Section K: SWALLOWING/NUTRITION STATUS<br><br>The Long-Term Care Facility RAI Manual, revised October 2023, page K6, stated, ". . . K0300 Weight Loss . . . Code 2, yes, not on physician-prescribed weight-loss regimen: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician. . . ."<br><br>Review of Resident #49's medical record | F 641 | F641 □ Accuracy of Assessments<br><br>For resident #49 and all other residents at LMH section K0300 Swallowing/Nutritional Status will be reviewed for accuracy in coding. Resident #49s quarterly MDS assessments dated 6/21/24 and 9/21/24 have been modified to correctly indicate that the resident did not have 5% weight loss in past 30 days or a 10% weight loss in the last 180 days. The dietary staff responsible for this section are well educated on criteria for section K0300 accuracy. The MDS staff will review accuracy of section K0300 with each MDS assessment completed to ensure accuracy prior to MDS assessment transmission. MDS staff will complete section K0300 audits on all MDS assessments weekly for 8 weeks, if expectations are met then one MDS assessment per week will be audited for an additional 8 weeks to ensure compliance is achieved and sustained. If inaccuracies are identified they will be | 11/7/24 |

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

Electronically Signed | 10/22/2024

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| F 641 | Continued From page 1<br>occurred on all days of survey. Two quarterly MDSs, dated 06/21/24 and 09/21/24, identified section K0300 coded as "2" for weight loss; however, record review failed to identify Resident #49 experienced a weight loss. Facility staff failed to accurately code the quarterly MDSs as "0" indicating Resident #49 did not have a 5% weight loss in 30 days or a 10% weight loss in 180 days.<br><br>During an interview on 10/10/24 at 10:21 a.m., a dietary supervisor (#3) confirmed staff failed to code the MDS correctly for Resident #49. | F 641 | corrected prior to transmission of the MDS. Audit results will be reported to the QA nurse. The QA nurse will submit audit results to the QAPI committee at each monthly meeting.<br><br>Completion Date: November 7, 2024 | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; | F 880 | | 11/7/24 |

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| F 880 | Continued From page 2<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. | F 880 | | |

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| F 880 | Continued From page 3<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 1 of 5 sampled residents (Resident #16) on enhanced barrier precautions (EBP) observed during cares. Failure to practice infection control standards related to EBP has the potential to spread infection throughout the facility.<br><br>Findings include:<br><br>Review of the facility's policy titled "Enhanced Barrier Precautions" occurred on 10/09/24. This policy, revised 04/01/24, stated, ". . . Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO] that employs targeted gown and gloves use during high contact resident care activities. . . . 2. Initiation of Enhanced Barrier Precautions: . . . b. enhanced barrier precautions will be used for residents with any of the following: . . . i. Wounds (e.g., chronic wounds such as pressure ulcers. diabetic foot ulcers. unhealed surgical wounds, and chronic venous stasis ulcers) . . . 3. Implementation of enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or upon entry of the resident's room . . . 4. High-contact resident care activities include: . . . c. Transferring. d. Providing hygiene . . . f. . . . assisting with toileting . . . h. Wound care: any | F 880 | F880 Infection Prevention and Control<br><br>Luther Memorial Home staff initiated enhanced barrier precautions for resident #16 on 10/8/24. The facilities Enhanced Barrier Precautions Policy was reviewed and did not require any updates. The facilities Pressure Sore/Vascular Sore Treatment Checklist was updated to include "Place in Enhanced Barrier Precautions". Approach for enhanced barrier precautions was added to the care plan template for pressure sores/vascular sores.<br>All other residents with wounds have been audited to ensure Enhanced Barrier Precautions are in place. Nursing staff will be educated on the facility Enhanced Barrier Precautions policy, Pressure Sore/Vascular Sore Treatment Checklist and the Pressure or Vascular Sore care plan template change at a mandatory nursing staff meeting on Wednesday, October 30, 2024.<br>All residents with wounds will be audited weekly by the Infection Prevention/Control nurse to ensure Enhanced Barrier Precautions are in place for 8 weeks, if expectations are met then these audits will be done monthly for 3 months. Any concerns will be | |

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| F 880 | Continued From page 4<br>skin opening requiring a dressing . . . 9. enhanced barrier precautions should be used . . . until resolution of the wound . . ."<br><br>Review of Resident #16's medical record occurred on all days of survey and identified the onset of an open stage two pressure ulcer to the right buttocks on 10/05/24. The care plan stated, ". . . Problem start date: 10/05/24 . . . Impaired skin integrity/Pressure sore to right buttocks-scarred area is now open . . . Enhanced Barrier Precautions (EBP) initiated . . ."<br><br>Observation on 10/07/24 at 4:23 p.m. showed no EBP sign or supply cart located outside/inside of Resident #16's room. A certified nurse aide (CNA) (#2) entered Resident #16's room and without donning a gown or gloves transferred the resident from the wheelchair to the toilet and performed perineal cares.<br><br>During an interview on 10/08/24 at 3:30 p.m., an administrative nurse (#1) stated she expected signage, appropriate PPE available, and staff to follow the policy. | F 880 | addressed and corrected at the time they are discovered. The audit results will be reported to the QAPI committee at each monthly meeting.<br><br>Date of Completion: November 7, 2024 | |