STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355052	A. BUILDING _____ B. WING _____	01/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NELSON COUNTY HEALTH SYSTEM CARE CENTER	108 E NYHUS AVE MCVILLE, ND 58254

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F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey started on 01/13/20 and concluded 01/15/20.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal	F 550		2/5/20

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

Electronically Signed | 02/07/2020

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F 550	Continued From page 1 from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to provide care in a manner that maintained/enhanced resident dignity for 1 of 13 sampled residents (Resident #29) and 1 supplemental resident (Resident #7). Failure to provide care in a dignified manner may negatively impact residents' quality of life and is a violation of the residents' rights. Findings include: Review of the policy titled "MEDICATION ADMINISTRATION" occurred on 01/15/20. This undated policy stated, ". . . Provide for privacy during the medication administration if it is a medication other than oral or an area of the resident's body is being exposed. . . ." Observation on 01/13/20 at 2:19 p.m. showed Resident #29's room door was open, and she yelled out from her bed. A certified nursing assistant (CNA) (#4) entered the room. Observation showed Resident #29 in bed, uncovered, with her pants down around her knees, exposing her incontinence brief. The CNA covered the resident and offered her a warm blanket, which the resident accepted.	F 550	1) Corrective measures have been completed. Mandatory In-service for all staff was conducted on 01-29-2020. Two sessions were held and in-service was taped for the staff that was not able to be present. Staff was given informative handouts regarding dignity. They were given a worksheet to explain in their own words what are Resident□s Rights and what dignity meant to them. 2 staff members conducted a skit that included several violations of Residents Rights including the two acts of deficient practices that occurred. Staff in the audience then had to identify the violations seen in the skit on their worksheet. Each worksheet was signed and handed in to the Social Service office. Policy of Residents Rights was reviewed and handout was given on all Residents Rights. A CNA and nurses meeting was held on 2-5-2020 to review the deficient practices and discussion was held on how to properly lay our residents down for a nap with the proper positioning of their clothing and administering medications during an activity.	

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F 550	Continued From page 2 Observation on the afternoon on 01/14/20 showed Resident #29's door was open, and she napped in bed with her pants around her knees. At 4:49 p.m., a CNA (#5) entered the room to check and change the resident's brief. When asked why Resident #29 naps with her pants around her knees, the CNA stated, "Sometimes they do that to make it easier to change her, I think." Observation on 01/14/20 at 2:24 p.m., showed Resident #7 sitting in the community room with other residents. A staff nurse (#3) administered Resident #7's nasal spray at the table. The facility failed to provide privacy during medication administration.	F 550	2) It has been identified that all residents have the potential to be affected by this deficient practice. 3) To correct these deficient practices. The following has taken place. a. Mandatory in- service for all staff was conducted on 1-29-2020, regarding Residents Rights with focusing on dignity and respect. b. Mandatory in- service for nursing staff and CNA□s was conducted on 2-5-2020 discussing the deficient practices and the correct times to administer medications and the correct procedures for laying a resident down in bed and proper positioning of their clothing. c. Residents Rights policy was reviewed. d. Observation will be conducted by management staff to ensure compliance per QA procedure. Staff have been trained and the deficient practices have been discussed with staff. All staff will be vigilant and correct each other as co-workers to ensure that all Residents Rights are observed. If a staff member continues with a violation of Resident□s Rights, disciplinary action will be taken by department manager. 4) Quality Assurance will be conducted with monitoring done by Social Service staff for deficient practices received in the area of dignity. a. Giving medications during an activity. QA will be conducted 3x□s/week for 2 weeks, 2x□s /week for 2 weeks, Weekly	

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F 550	Continued From page 3	F 550	for a month. Then monthly thereafter until no further violations are noted. b. Monitoring of residents who are laid down after lunch for a rest. It will be ensured that residents are dressed properly and covered properly to protect their dignity. QA will be conducted 3x□s/week, for 2 weeks, 2 x□s/week, for 2 weeks. Weekly for a month. Then monthly checks thereafter until no further violations are noted. 5) The deficient practice has been corrected as of 2/5/20. QA has begun monitoring activity programs to ensure that resident□s dignity has been respected and medications have not been given during an activity. QA will continue with the intervals mentioned above. QA has begun monitoring residents that are laid down after lunch to rest. Clothing is in proper position and resident□s dignity is respected. QA will continue with the intervals mentioned above.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturers guidelines, and review of facility policy, the facility failed to follow professional standards of practice for 1 of 5 residents (Resident #35) observed	F 658	1) Corrective actions with administering Novolog insulin to Resident #35 in a timely fashion have included one on one individual educating licensed nurses	2/1/20

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F 658	Continued From page 4 during insulin administration. Failure to offer food within 5- 10 minutes of the administration of a rapid acting insulin may result in hypoglycemia (low blood sugar). Findings include: Prescribing information for Novolog insulin, found at www.novo-pi.com/novolog.pdf, Inject subcutaneously within 5- 10 minutes before a meal . . . Hypoglycemia: May be life-threatening . . ." Review of the facility policy titled "MEDICATION ADMINISTRATION" occurred on 01/15/20. This undated policy, stated, ". . . Medications ordered to be administered before or after meals should be given at the appropriate time in relation to the meal." - Observation on 01/14/20 at 5:01 p.m., showed Resident #35 received 18 units of Novolog insulin. Resident #35 ambulated with a walker to the dining room. At 5:23 p.m. Resident #35 was observed eating her desert (22 minutes after insulin administration). Supper trays were served after 5:30 p.m. The facility failed to offer food within 5- 10 minutes of the administration of a rapid acting insulin.	F 658	regarding the Novolog administration process, beginning 1/16/2020; the Director of Nursing (DON) met with two members of the QA Department on 1/30 to discuss approaches to solving this; posting a notice for licensed nurses and CNA□s regarding a trial of the proposed solution on 2/2; and discussion of the proposed solution and how it is working at a Nursing Department meeting on 2/5. 2) Any resident receiving rapid-acting insulin has the potential to be affected by this deficiency. Therefore, the corrective action will be applied to all residents receiving rapid-acting insulin. 3) In order to ensure this deficient practice does not continue to occur, an Insulin Administration policy has been written. Licensed nurses received a copy of it and it was discussed at the Nursing Department meeting on 2/5/2020. It was decided that at breakfast time, the treatment nurse will administer all insulin. The medication nurse will continue to administer insulin at dinner and supper times. This began on 2/1. 4) The DON or a designated licensed nurse will monitor Novolog insulin administration times 3x/week for two weeks, twice/week for two weeks, and, if improvement/compliance is sustained, weekly for two months. If correction is achieved, random monitoring will be done over the next three months. If compliance is not being sustained during the first	

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F 658	Continued From page 5	F 658	month, nursing and QA will reconvene and determine how to change the process and proceed, and more frequent monitoring will continue. The DON and one-two members of the QA department plan to meet weekly to review findings of this study, and make adjustments as necessary. A nurses meeting will be planned for 2/24/2020, which will include discussion of this process change and its effectiveness. 5) Definitive corrective action for this deficiency took place 2/1/2020. QA monitoring will be done as noted above (4).	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs	F 761		2/5/20

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F 761	Continued From page 6 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 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 5 residents (Resident #24) observed during insulin administration. Failure to correctly label medications may result in medication errors. Findings include: Review of the facility policy titles "MEDICATION ADMINISTRATION" occurred on 01/15/20. This undated policy stated, " . . . All medication directions from the original order to the (electronic medication administration record) EMAR to the pharmacy label on the medication should correlate . . . Make sure that the pharmacy is aware of any order changes so that the next time medication is received it has correct label . . ." Observation on 01/15/20 at 11:29 a.m. showed Resident #24's Novolog (insulin) label on the box read "Novolog 10 units subcutaneously 3 times a day." The EMAR stated, " . . . Novolog 6 units in afternoon . . ." The staff nurse (#3) administered 6 units of insulin to Resident #24. During an interview on 01/15/20 at 12:15 p.m., a staff nurse (#3) stated Resident #24 receives Novolog insulin 4 units in the morning, 6 units at	F 761	1) Corrective actions for Resident #24 having a label on the insulin box that did not match the electronic Medical Administration Record (eMAR) were taken on 1/15/2020. The insulin dose change orders were sent to Lakota Drug via facsimile (fax) on 1/15, and at that same time the pharmacist was notified by phone to request a new label for the insulin bottle currently being used. A directions changed sticker was placed on the incorrect label until the new label was received and placed on the insulin box on 1/16. 2) All residents who take prescription medications have been identified as having the potential to be affected by this same deficient practice. 3) To prevent this deficient practice from recurring, the Director of Nursing (DON) conducted an initial audit on all insulin and medication labels to ensure the label correlated with the eMAR. At a nursing department meeting 2/5/2020, correct labeling of medications was reviewed. Nurses are to request a new label from pharmacy whenever there is a dose change on a current supply of that	

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F 761	Continued From page 7 noon, and 4 units in the evening. During an interview on 01/15/20 at 12:50 p.m., an administrative nurse (#1) agreed the medication labels should match the physician's order.	F 761	medication. Discussion of the importance of receiving a new label for any dose changes took place with pharmacist on 1/15. 4) The DON, or designee, will complete weekly audits on any medication dose changes ordered for a six-week period, specifically ensuring labels get changed with any changed orders. Bi-weekly audits will then be done for another six weeks; and subsequently, monthly checks for three months, unless correction and ongoing compliance is not achieved. The frequency of checks will be increased should any lack of compliance be noted. The DON will meet weekly with a member of the QA team to review this ongoing monitoring, and make any necessary adjustments in the process. 5) Corrective action was initially done on 1/15/2020, when the incorrect label was stickered, the pharmacy notified and a new label requested. On 2/5, this was discussed with licensed nurses at a nursing department meeting. QA monitoring will be done as noted in #4 above.	
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;	F 867		2/5/20

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F 867	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on review of the facility's Quality Assurance Assessment and Performance Improvement Plan (QAPI), review of facility policy, and staff interview, the facility failed to ensure the Medical Director (physician) actively participated as a member of the QAPI committee for 3 of 3 quarters reviewed (April-June 2019, July-September 2019, October-December 2019). Failure to ensure the physician's meaningful participation in the facility's quality assurance deprived the committee of his or her unique contributions for analyzing and correcting problems with identified resident care areas. Findings include: Review of facility's policy and procedure titled "Nelson County Health System (NCHS) Quality Assurance Performance Improvement (QAPI) Policy and Procedure" occurred on 01/15/20. This policy, revised August 2017, stated, ". . .The Quality Assurance Improvement and Performance (QAPI) Committee will consist of the QAPI coordinator, the Director of Nursing, a designated Physician, and at least three other facility staff members . . . committee members will meet monthly to discuss areas of concern, plans of actions for concerns, study results, re-evaluation and revisions . . . NCHS-wide committee will meet quarterly to discuss results . . . records of all meetings and attendees will be kept . . . the QAPI committee will develop staff performance standards, manage necessary staff training, and notify administration of equipment repair or replacement needed . . . QAPI will be ongoing, multi-leveled and facility wide . . ."	F 867	1) Corrective actions for concerns regarding the Medical Director or designee not attending quarterly Quality Assessment and Assurance (QAA) meetings are underway. The revised policy does allow for a designee to attend, if the Medical Director is unable to attend. If the Medical Director is not able to attend, the Director of Nursing will inform the designee of the Medical director absence, and verify the designee will attend. 2) All residents have the potential to be affected by this deficiency. 3) To avoid recurrence of the Medical Director/designee not attending quarterly meetings, the QAA meetings will become a standing agenda item of Medical Staff meetings quarterly. These are routinely held the third Monday of January, April, July and October. A calendar is distributed by an Administrative Assistant at the beginning of each month that would notify the Medical Staff of the meeting date and time. If the designee attends instead of the Medical Director, he/she will report to the Medical Director, and the meeting minutes will be given to and discussed with the Medical Director. 4) The Quality Department will report at the quarterly QAA meetings that the Medical Director or designee was present at the previous meeting. This will continue quarterly through the remainder of the year. 5) 02/05/2020	

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F 867	Continued From page 9 The facility provided documentation showing the QAPI committee met on a quarterly basis on April 22, July 15, and October 21, 2019. The documentation showed the Medical Director failed to attend the quarterly QAPI committee meetings since April 2019. During an interview on 01/15/20 at 1:12 p.m., an administrative nurse (#1) confirmed the Medical Director has not been in attendance during the QAPI Committee meetings on a quarterly basis.	F 867		