North Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8049	A. BUILDING: _____ B. WING _____	06/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD MINOT SENIOR LIVING, LLC	706 16TH AVE SE MINOT, ND 58701

(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) COMPLETE DATE
B 000	INITIAL COMMENTS For the unannounced licensure survey started on 06/15/15 and completed on 06/17/15, the sample included 8 residents for complete review and 2 closed records for review. In addition, the sample included 2 supplemental residents to verify specific concerns during the survey. Tier II citations included B1320 and B1520.	B 000		
B1320	33-03-24.1-13,2 RESIDENT RECORDS 2. Resident records must include: a. The resident's name, social security number, marital status, age, sex, previous address, religion, personal licensed health care practitioner, dentist, and designated representative or other responsible person. b. The licensed health care practitioner's orders and report of an examination of the resident's current health status. c. An admission note. d. A copy of an initial and current assessment and care plan. e. Documentation of resident observations by authorized staff. f. Documentation of death, including cause and disposition of the resident's personal effects, money, or valuables deposited with the facility. g. A quarterly progress note documenting the resident's current health condition, level of functioning, activity involvement, nutritional	B1320	1) Resident #2: Hospital note and clinical note have been obtained indicating weights for May, 2015. Resident weights were not done at facility for May and cannot be corrected. June weights have been obtained and are within normal limits. Physician has been notified of weights not being obtained for May and notice of June weights. 2) Residents are at risk for deficient practice of not having monthly weights taken or physician orders of weight being done 3) Weights and Vital Sign Policy has been Reviewed (please see attached). All Clinical Service Staff have been educated on the Weights and Vital Sign	

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B1320	Continued From page 1 status, psychosocial interactions, and needs. h. Documentation of review of prescribed diets. i. Transfer forms that are completed, signed, and sent with the resident when transferred to another facility. j. A medication administration record documenting medication administration consistent with applicable state laws, rules, and practice acts. k. Documentation of an annual medication regimen review. l. A written report of any funds kept at a resident's request. Such record shall show deposits to and withdrawals from the fund. m. Documentation of a fire drill walk-through within five days of admission. n. All agreements or contracts entered into between the facility and the resident or legal representative. o. A discharge note. This state licensing rule is not met as evidenced by: Based on record review, review of facility policy/procedure, and staff interview, the facility failed to weigh a resident every two weeks according to physician's orders for 1 of 1 resident (Resident #2). Failure to follow physician's orders	B1320	Policy (See Attached Acknowledgement Form) A Mandatory Clinical Service Meeting has been scheduled for July 14th at 6AM, 1PM, and 2:30 PM (See attached Poster) 4) Deficiency will be corrected by July 24, 2015 5. Clinical Service Director, Education RN, or designee will review all basic care treatment medical records weekly x3 months, monthly x 3 months and quarterly until 100% compliance is reached using attached form.	

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B1320	Continued From page 2 does not allow for an on-going assessment regarding changes in weight and may delay the implementation of interventions. Findings include: Review of the facility policy titled "Weights and Vital Signs" occurred on 06/17/15. This policy, dated May 2015, stated, ". . . Resident weights will be taken . . . and when the physician orders them to be taken. . . ." Review of Resident #2's record occurred on all days of survey. Review of a healthcare provider's order, written on 02/23/15, stated, ". . . Weigh every 2 weeks. May discontinue enc [encourage] snacks. Notify me if < [less than] 150 or > [greater than] 160 lbs [pounds]." Review of the "Interdisciplinary Care Planning Review" identified the following: 01/27/15, "Weight 141 lbs . . . Resident's weight is down since she moved in and was hospitalized . . ." 04/28/15, "Weight 151.2 . . . Weight increase of 10 lbs, physician aware baseline weight 155, residents appetite improving, no edema noted . . . " Review of Resident #2's current plan of care stated, "Medical Monitoring: . . . weights twice monthly." Review of Resident #2's weights identified the following: 04/06/15 - 152.4 lbs 04/17/15 - 153.6 lbs 06/15/15 - 151.6 lbs - 58 days since the last recorded weight	B1320		

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B1320	Continued From page 3 During an interview at 2:00 p.m. on 06/16/15, an administrative nurse (#1) verified there is an order to weigh the resident every two weeks, ands the record lacked weights since April 17, 2015.	B1320		
B1520	33-03-24.1-15,2 PHARMACY/MED ADM SERVICES 2. The facility shall provide a secure area for medication storage consistent with chapter 61-03-02. a. A specific system must be identified for the accountability of keys issued for locked drug storage areas. b. Residents who are responsible for their own medication administration must be provided a secure storage place for their medications. This state licensing rule is not met as evidenced by: Based on observation, review of facility policy/procedure, and staff interview, the facility failed to monitor all medications under proper temperature controls in 1 of 1 medication refrigerator (located in medication room). Failure to monitor the temperature of the medication refrigerator to maintain within an acceptable range has the potential to affect the potency and efficacy of the medication. Findings include: Review of the facility policy titled	B1520	1) Temperature monitoring as implemented on June 18 2015. Staff were immediately educated on completion of Medication Refrigerator Temperature Log (See attachment) 2) Residents receiving medications needing refrigeration are at risk for receiving unstable medications. 3) Refrigerator/Freezer Policy has been reviewed. All staff will be educated at Mandatory Meeting on Refrigerator/Freezer Policy and when to notify a nurse if temperatures are not within the range of the policy. 4) Deficient monitoring of refrigerator temperatures was corrected on June 18th, 2015. All education and monitoring will be implemented and corrected by July 24th, 2015	Per TC on 1-1-15 KB.

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B1520	Continued From page 4 "Refrigerator/Freezer Monitoring" occurred on 06/17/15. This policy, dated May 2015, stated, ". . . Staff (usually an unlicensed staff) must check weekly, or more often as state regulation requires, confirming that the refrigerator used to store medications maintains temperature between 36 to 42 degrees. . . .Staff should be instructed that temperatures outside of this range must be reported to the supervisor immediately . . ." During observation of medication pass at 9:20 a.m., on 06/16/15, a CMA (certified medication aide) (#2) went to the refrigerator in the medication room to obtain the insulin to be administered. The staff member (#2) opened the refrigerator which revealed pre-drawn syringes of NovoLog (a type of insulin). Observation showed the refrigerator lacked a thermometer and therefore, the temperature was unable to be monitored as per facility policy. During an interview on 06/16/15 at 2 p.m., an administrative nurse (#1) stated, "the frig [refrigerator] is new and only about a month old." When asked for documentation of temperatures, the staff member provided documentation for the months of January and February 2015, and lacked documentation for March, April, May and June 2015.	B1520		