STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355031	A. BUILDING _____ B. WING _____	C 02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINOT HEALTH AND REHAB, LLC	600 S MAIN ST 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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced onsite complaint investigation survey was completed on 02/01/22.	F 000		
F 658 SS=G	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 information provided by the complainant, record review, and staff interview, the facility failed to ensure professional standards of practice 1 of 1 closed record (Resident #1) with physician's orders for laboratory blood testing. Failure to follow physician's orders for weekly hemoglobin blood testing contributed to the resident's transfer to the emergency department for a blood transfusion. Findings Include: Information provided by the complainant indicated the facility failed to complete hemoglobin blood testing weekly as ordered by the physician Review of Resident #1's medical record occurred on 02/01/22. Diagnoses included multiple fractures of the pelvis and iron deficiency anemia. A physician's order, dated 10/13//21, stated, "Hemoglobin one time a day every 7 days". Review of Resident #1's medical record identified	F 658	It is the policy of the facility policy that a residents receive timely and necessary lab services. 1) Resident #1 was discharged on 11/12/21. 2) Current facility resident has the potential to be affected by the practice. Lab schedule will be updated with lab dates based on physician orders. Documentation will be reviewed daily for discrepancies or missed documentation. Labs will indicate date, time, and ordering physician. 3) Facility nursing staff were educated by the Director of Nursing or designee, starting 2/9/22 on the need to review and follow residents□ labs as ordered. Education included reviewed procedure titled F658 Professional Standards. 4) Audits will start 2/7/22 and be completed by the Director of Nursing or designee to ensure labs are drawn on the appropriate day, time, and per physician orders. Audits will be completed to observe all labs for that day, starting five	2/10/22

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

Electronically Signed | 02/15/2022

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F 658	Continued From page 1 the following completed laboratory results: * 10/20/21 Hemoglobin of 7.3 * 11/05/21 Hemoglobin of 5.6 Resident #1's progress notes identified the following: * 10/25/2021 at 6:49 p.m., "Resident c/o [complained of] nausea and vomited once during the day shift. Physician ordered 4mg [milligrams] of Zofran (anti-nausea medication) q [every] 6 hours prn [as needed], which was administered with good effect." * 10/25/2021 at 3:16 p.m., "Resident refused lunch today. Had one episode of emesis this afternoon. MD [medical doctor] notified and order obtained for PRN Zofran. VS [vital signs] WNL [within normal limits]. Resident is now sleeping." * 10/28/2021 at 4:13 p.m., "Resident had episode of N/V [nausea and vomiting] this afternoon. PRN Zofran given and found effective. Reported no ABD [abdominal] pain at the moment. Bowel sounds present and active x 4. No fever present. Will continue to monitor." * 11/04/2021 at 1:29 p.m., "Physical therapy and staff CNA [certified nurse assistant] reported that resident has blood in stool when was toileted. This nurse did not observed [sic] this episode. Resident did not have another BM [bowel movement] on this shift. This nurse faxed physician with updated status and current vitals. No other concerns." * 11/05/21 at 4:02 p.m., "Late Entry: Resident grand daughter called to report resident has seemed more fatigued. Resident Hgb [hemoglobin] results not received from lab 11/03/21. [Hospital name] lab called and they report they don't see any lab results at this time. Hgb drawn and transported to [hospital] lab . . ."	F 658	days weekly for one month, weekly for two months, monthly for three months, and quarterly for six months. Results of audits will be brought to QAPI for review and recommendation.	

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F 658	Continued From page 2 * 11/05/2021 at 9:24 p.m., "[physician] phoned and stated resident has a critical hgb of 5.6, provider stated he would like to send resident to the ER [emergency room], he also stated he spoke with the family, resident is agreeable to be admitted for a blood transfusion. . . . " * 11/05/2021 at 9:47 p.m., "Resident left with ambulance crew to the ER at this time." The facility failed to complete a hemoglobin laboratory draw on 10/27/21 and 11/03/21. During an interview on 02/01/22 at 5:30 p.m., an administrative nurse (#1) confirmed the hemoglobin laboratory test was not completed weekly as ordered.	F 658		