STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355041	A. BUILDING _____ B. WING _____	03/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME OF THE GOOD SHEPHERD	1226 1ST AVE N NEW ROCKFORD, ND 58356

(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 The standard Medicare/Medicaid recertification survey started on 03/11/19 and concluded 03/13/19.	F 000		
F 675 SS=D	Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional literature, and staff interview, the facility failed to ensure 1 of 7 sampled residents (Resident #16) received the care and services necessary to attain the highest degree of safety possible while being fed in the dining room. Failure to ensure staff provided proper positioning prior to giving foods and liquids placed Resident #16 at risk for aspiration. Findings include: Nancy B. Swigert, "The Source for Dysphagia: Third Edition", LinguiSystems, Inc (2007), page 9 and the educational handouts, identified, " . . . During the oral intake of . . . liquids, it is optimal for a patient to be seated at a 90 degree angle, whether in a bed or in a chair . . . Even a slightly reclined position while eating greatly increases	F 675	1. Corrective action was taken immediately for resident #16. On 3/13/19, resident's care plan was updated to indicate that resident must be in a full upright position when eating/drinking to prevent aspiration. A laminated card was developed and placed on the resident's table along with a label placed on resident's wheelchair as a reminder that resident must be in a full upright position when eating/drinking. 2. All residents who are unable to position themselves in a full upright position when eating or drinking have the potential to be affected. 3. Reeducation was provided through the message board on 3/14/19 on the	4/2/19

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

Electronically Signed | 04/02/2019

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F 675	Continued From page 1 the risk of premature loss of food over the back of the tongue . . ." Review of Resident #16's medical record occurred all days of survey. Diagnoses included dementia and adult failure to thrive. The current care plan addressed Resident #16's need for assistance during meals and stated, ". . . Drinks at meals . . . Ensure 240 ml [milliliters] @ [at] all meals . . ." The care plan failed to provide any guidance regarding appropriate positioning for safe oral intake. Observation showed the following: * Observation on 03/11/19 at 11:30 a.m., showed an unidentified certified nursing assistant (CNA) assisting Resident #16 with the noon meal while the resident was in a broda chair, with the chair reclined to a 50 degree angle. * Observation on 03/13/19 at 7:15 a.m., showed a CNA (#4) assisting Resident #16 with breakfast while the resident was in a broda chair, with the chair reclined to a 60 degree angle. The CNAs failed to ensure Resident #16 was seated as close to 90 degrees as possible prior to offering her foods or liquids. During an interview on 03/13/19 at 11:45 a.m., an administrative nurse (#3) agreed residents should be seated as close to 90 degrees as possible prior to being offered food or liquids.	F 675	computerized charting system regarding safe positioning of residents when eating or drinking to prevent aspiration. Dietary staff were educated on 3/19/19 by Occupational Therapy regarding proper positioning of residents during meals. Education was provided on 04/2/19 to staff carrying a CNA certification, dietary staff and nurses regarding the new policy "Assisting Residents with Feeding" by the Director of Nursing. Reeducation and demonstration on how to adjust and properly position the Broda chair during meal time was provided by Occupational Therapy on 4/2/19. Staff, carrying a CNA certification, nurses, and dietary staff were required to complete a Health Care Academy course "Providing Feeding & Eating Assistance. 4. The Director of Nursing or designee(s) will complete an audit on both residents in Broda chairs to assure accurate positioning during meal times daily X 1 week, weekly X 3, monthly X 3 and quarterly X 3, then reevaluate for further monitoring and interventions.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684		4/2/19

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F 684	Continued From page 2 assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation, and staff interview, the facility failed to provide the necessary care and services to maintain the highest practicable physical well-being for 2 of 7 sampled residents (Resident #6 and #16) requiring staff assistance for transfers and toileting. Failure to consistently provide assistance with toileting may result in skin breakdown, agitation, and pain. Findings include: Review of facility policy titled "Bowel and Bladder/Toileting" occurred on 03/13/19. This policy, revised 09/03/14, stated, ". . . The CNA's [certified nursing assistants] will toilet the residents as outlined on their individual . . . care plan. . . . Residents on a check and change program will be checked for incontinence every 2-3 hour . . ." - Review of Resident #6's medical record occurred on all days of survey. The annual Minimum Data Set (MDS), dated 12/09/18, identified the resident is at risk of developing pressure ulcers, requires extensive assist with transfers and toileting, frequent bowel and bladder incontinence, pressure relieving device to wheelchair and bed, and severely impaired cognition.	F 684	1. Immediate corrective action was taken by providing reeducation to staff involved on following care plan and the recommended toileting plan which is toileting residents every 2 to 3 hours when not able to toilet themselves. 2. All residents unable to toilet themselves have the potential to be affected. 3. Reeducation was provided through the message board on 3/14/19 on the deficiencies received and reeducation on the requirements of following the care plan regarding the need for toileting every 2 to 3 hours when resident is not able to toilet themselves as well as the need to be repositioned if not able to change position independently. The Bowel and Bladder/Toileting Policy was reviewed and updated. A nursing staff meeting was held on 4/2/19 to educate on the updated policy. Staff were also provided reeducation on "A Personal Care Module: Preventing Pressure Sores". 4. The Director of Nursing or Designee(s) will complete a QA on 10 residents weekly X 4, monthly X 3, and quarterly X 3 by monitoring resident cares to assure	

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F 684	Continued From page 3 Resident #6's care plan stated, " . . . I am frequently incontinent of bowel and bladder but still will void on the toilet. . . . Assist me to the bathroom . . . I require extensive to total assist with most ADL's [activities of daily living] r/t [related to] my progressing Alzheimer's disease. . . . anticipate her needs . . . I have the potential for skin breakdown . . ." Observation on 03/12/19 showed the following: * 8:08 a.m. to 11:49 a.m., Resident #6 seated in a wheelchair. *1:12 p.m., showed Resident #6 in bed. Failure to toilet a resident for over four hours may result in skin breakdown, agitation and pain. - Review of Resident #16's medical record occurred on all days of survey. The quarterly MDS, dated 12/23/18, identified the resident at risk for developing pressure ulcers, dependent assist for toileting and transfers, always incontinent of bowel and bladder, pressure relieving device to wheelchair and bed, and severely impaired cognition. Resident #16's care plan stated, ". . . Check and change q [every] 2-3 hrs [hours] and prn [as needed] for incontinence per facility protocol. . . . I am incontinent of bowel and bladder. . . . extensive to total assist with most ADL's. . . . Hoyer lift for transfers at all times . . . I have the potential for skin breakdown . . . Anticipate needs . . ." A Braden Scale Assessment, dated 12/26/18, identified Resident #16 as "High Risk" for pressure ulcers.	F 684	toileting/check and change is being provided every 2 to 3 hours on residents that are unable to toilet independently or according to individualized toileting schedule, then reevaluate for further monitoring and interventions.	

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F 684	Continued From page 4 Observation on 03/12/19 showed Resident #16 seated in a broda chair (adjustable positioning chair) from 8:08 a.m. to 11:29 a.m. Failure to check and change a resident for over four hours may result in skin breakdown, agitation and pain. During and interview on 03/12/19 at 1:03 p.m., a CNA (#5) confirmed that Resident # 6 and #16 had not been toileted and/or checked and changed since before breakfast. The facility failed to toilet/check and change Resident #6 and #16 for over four hours. . During an interview on 03/13/19 at 11:50 a.m., an administrative nurse (#3) stated she would expect staff to toilet/check and change residents per care plan and facility policy.	F 684		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880		4/2/19

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F 880	Continued From page 5 §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 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880		

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F 880	Continued From page 6 §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to follow infection control standards on 1 of 3 days of survey (03/12/19). Failure to wear gloves when touching ready to eat food (Resident #4) and properly sanitize resident care equipment (Resident #44) has the potential to spread illness/infection to residents in the facility. Findings include: The facility failed to provide a policy addressing disinfection of the lift equipment. - Observation on 03/12/19 at 11:41 a.m. showed a staff member (#1) assisted Resident #4 with eating. The staff member rubbed her nose and picked up Resident #4's sandwich with her bare hands to offer the resident a bite. Throughout the meal, the staff member continued to touch the resident's sandwich with her bare hands. - Observation on 03/12/19 at 1:09 p.m. showed a CNA (#5) transfer Resident #44 from the	F 880	1. Staff involved were educated on proper and safe feeding of ready to eat. Staff involved was educated on proper disinfecting of mechanical lifts and residents were free from infection. 2. All residents that require assistance with eating and residents requiring the use of a mechanical lift have the potential to be affected. 3. Reeducation was given through the message board on 3/14/19 on the deficiencies received and reeducation on proper disinfecting of the lifts and safe handling of ready to eat food was provided. Dietary staff were reeducated by the dietary manager on 3/19/19 about safe handling of ready to eat food items. A policy on Assisting Residents with Feeding was developed on 3/20/19 as well as a policy on Disinfecting of Shared Mechanical Lifts. Employees who hold a	

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F 880	Continued From page 7 wheelchair to the recliner using the mechanical stand lift. Following the transfer, the CNA placed the lift in the storage area and failed to disinfect it. - Observation on 3/12/19 at 2:09 p.m. showed a CNA transfer Resident #44 from his recliner to the bathroom and then to his wheelchair using a mechanical stand lift. Following the transfer, the CNA placed the lift in the storage area and failed to disinfect it. Both observations showed disinfecting wipes available for staff to use on the stand lift. During an interview on the afternoon of 03/12/19, two supervisory staff members (#2 and #3) stated staff should not touch ready to eat food with their bare hands, and should use gloves. During an interview on 03/13/19 at 11:40 a.m., an administrative nurse (#3) stated she would expect staff to disinfect the stand lift equipment after each use.	F 880	CNA certification, dietary staff and nurses were educated on 4/2/19 by the Director of Nursing and Education Director on the new policies. Staff responsible for feeding and preparing resident's foods which include CNAs, nurse, and dietary staff were required to complete a Health Care Academy course on Providing Feeding & Eating Assistance. 4. The Director of Nursing or designee(s) will be responsible for completing a QA on meals that provide ready to eat food. Observations will be done weekly X 4, monthly X 3, and quarterly X 3 on meals that provide ready to eat food then reevaluate for further monitoring and interventions.. The Director of Nursing or designee(s) will observe meal time on different wings to assure that residents requiring assistance with ready to eat food items are provided safely. A QA will also be done on 4 residents who require the use of mechanical lifts weekly X 4, monthly X 3, and quarterly X 3 on disinfecting of mechanical lifts then reevaluate for further monitoring and interventions.. The DON or designee(s) will make observations of proper disinfecting of mechanical lifts following resident cares.	