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 _____	02/07/2013

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LUTHERAN HOME OF THE GOOD SHEPHERD	1226 1ST AVE N NEW ROCKFORD, ND 58356

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F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on February 4, 2013 and completed on February 7, 2013, the sample included 4 residents for complete review, 9 residents for focused review, and 2 closed records for review.	F 000	E Kyllsm	3/5/2013
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of professional reference, resident and staff interviews, the facility failed to ensure 1 of 1 sampled resident (Resident #7) with an order for as needed (prn) narcotic pain medications received the necessary care and services regarding management of pain, including consideration for a scheduled pain medication. Failure to consider a scheduled pain medication may have resulted in unrelieved pain, and limited the resident's ability to reach his highest practicable mental, physical, and psychosocial well-being. Findings include: The "Nursing 2011 Drug Handbook" 31st edition,	F 309	The nurse in charge contacted the physician for resident #7 on 2/8/13 with an increase in his scheduled narco to BID. The nurses will continue to evaluate him for optimal PainManagement. 2. All residents have the potential for the need for Pain management by the nurses. The policy for pain management was reviewed and revised (Attachment E) by the Director of Nursing . Observation of signs of pain was reviewed at the CNA meeting on 2/19/13 (attachment C) but will be reviewed more extensively on 3/13/13 at the next CNA meeting Education on proper pain management was reviewed at the RN/LPN meeting on 2/25/13 by the Director of Nursing. (attachment B) A QA (attachment) was developed to monitor adequate pain management the D.O.N will assign nursing staff to perform a QA on 1 resident with the need for pain management weekly X4, 1 resident monthly and then 1 resident quarterly X3 and then evaluation for further Review. (attachment F)	2/25/13 125/

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

Elaine K. Sackle | Administrator | 3/5/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 Lippincott, Williams and Wilkins, page 1436, stated "Analgesics [pain medications]. . . NORCO 5/325 . . . 325 mg [milligrams] acetaminophen and 5 mg hydrocodone bitartrate . . . [for] Moderate to moderately severe pain . . ." Review of Resident #7's medical record occurred on February 04-07, 2013. Current diagnoses included traumatic brain injury, seizures, cerebrovascular accident with left sided weakness, and pain. The quarterly Minimum Data Set (MDS), dated 11/20/12, identified the resident as cognitively intact, frequent pain rated an "8" [with "0" being no pain and "10" being the worst pain affecting sleep and/or activities], and received scheduled and prn pain medication. Resident #7's current care plan, stated "Title: I have pain on occ [occasion] in my left shoulder . . . Evidenced By: verbal statements of pain . . . Goal: I will take pain medications as ordered. I will tell the nurse when I need a pain med [medication] and will feel better in at least 1 ½ hr [hour] . . . Approaches: Monitor for signs of pain, need for further interventions. Notify medical staff prn." The care plan failed to include any non-pharmacological pain interventions. Resident #7's physician orders, dated 02/06/13, stated the following: * 08/29/12 - Tylenol, 325 mg, 1-2 tabs [tablets], every 4-6 hours prn * 11/27/12 - Norco, 325 mg - 5 mg, every 8 hours prn * 12/18/12 - Norco 325 mg - 5 mg, every a.m. Review of Resident #7's Medication Administration Record (MAR) for the period,	F 309		

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F 309	Continued From page 2	F 309		

November 27, 2012 - February 5, 2013 (71 days) showed the facility staff administered Norco, 325/5 mg, every 8 hours prn 74 times, up to two times in a day. The resident requested the medication for pain in his left shoulder, which he typically rated a "6-8" [with "0" being no pain and "10" being the worst pain affecting sleep and/or activities].

Review of Resident #7's "charting entries" identified the following:
* 11/27/12 - " . . . Also per CP [care plan] team that resident c/o [complained of] "8" pain on interview. Describes pain as being in the L [left] shoulder . . . resident states little relief from Tylenol usage . . . Orders received [sic] from [physician] for Norco to give for pain when needed."
* 01/04/13 - "Resident is asking for PRN pain pill every night for left shoulder pain. Monitor."

Observations showed the following:
* 02/05/13 at 10:32 a.m. - two certified nurse assistants (CNAs) (#3 and #4) assisted Resident #7 to transfer from his bed to his recliner. The resident groaned and told the CNAs his shoulder hurt when he moved it.
* 02/05/13 at 12:35 p.m. - a CNA (#3) assisted Resident #7 to transfer from the bathroom to his bed. The resident again groaned and told the CNA his shoulder hurt.

During interview, on 02/06/13 at 11:15 a.m., Resident #7 stated he has shoulder "pain every day . . . Medications, neither works, [I] still have pain."

During interview on 02/06/13 at 2:45 p.m., an

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F 309	Continued From page 3 administrative nursing staff member (#5) stated, "[We] schedule a medication if prn [use] is pretty regular." She confirmed, "We need to increase his medications. We want our people to be comfortable."	F 309		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference, review of facility policy, and staff	F 329	The nurse completed the AIMS on 2/27/13 on resident #10 and resident #11 with no abnormalities found. The AIMS policy has been reviewed and revised (attachment A) by the Director of Nursing . Report has been developed to identify all residents on anti-psychotics and Reglan, which will be printed and used to identify residents requiring AIMS. A calendar at the RCC desk will be used as a tool to monitor when AIMS are due to be done, in addition to the regularly scheduled AIMS. The policy has been revised by the DON. Education has been provided to the RCC's on 2/21/13 by the MDS nurse regarding the calendar and scheduling an at the nurse's meeting on 2/25/13 (attachment B) and the CNA meeting on 2/19/13 (attachment C). At the nurses meeting on 3/12/13 further education on the AIMS will be provided by the DON. At the CNA meeting on 3/13/13 they will be re-educated in what signs of Tardive Dyskinesia to watch for by the DON. A QA (attachment D) will be done to ensure the proper AIMS monitoring is done per facility policy. The DON will assign a nurse to do 2 random residents on antipsychotic meds or Reglan, on a weekly basis X4; then monthly X3 and then quarterly 3. Then as needed if problems are found. Correction action will be complete on 3/01/2013 except for the final education to be provided at the next Nurses meeting on 3/12/13 and CNA meeting on 3/13/13	3/13/13

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F 329	Continued From page 4 interview, the facility failed to monitor and assess for potential side effects of medications for 2 of 6 sampled residents (Resident #10 and #11) receiving medication requiring monitoring. Failure to complete an Abnormal Involuntary Movement Scale (AIMS, a rating scale used to measure involuntary movements such as tardive dyskinesia) placed these residents at risk of experiencing adverse drug effects related to their use. Findings include: Review of the facility policy titled "Aims Screening/Psychotropic Drug Monitoring" occurred on 02/07/13. This policy, dated 07/18/08, stated, "Purpose: To prevent or recognize the symptoms of tardive dyskinesia on residents who are prescribed psychotropic medications. Procedure: 1. An AIMS (Abnormal Involuntary Movement Scale) will be completed by a Registered Nurse or Licensed Practical Nurse. 2. The AIMS will be completed on any resident who has been prescribed a psychotropic medication that may cause tardive dyskinesia. The AIMS should be . . . completed approximately every 6 months while the resident is on the medication. . . . 3. The AIMS form and/or the psychotropic monitoring form will be the tools used to document assessment. 4. All residents who are on antipsychotic medications will have an AIMS exam completed twice yearly during the regularly scheduled months (April/October). . . ." The "Nursing 2011 Drug Handbook," 31st Edition, Lippincott, Williams, and Wilkins, pages	F 329		

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F 329	Continued From page 5 913-915, stated "metoclopramide hydrochloride . . . Reglan . . .Indications . . .Gastroesophageal Reflux disease [GERD] . . . Adverse Reactions CNS: [central nervous system] . . . extrapyramidal symptoms, . . . tardive dyskinesia . . . Alert: Long-term . . . use has been linked to tardive dyskinesia, even after the drug was stopped, especially in older and female patients. . . ." - Review of Resident #10's medical record occurred on February 06-07, 2013. Diagnoses included dementia and current medications included Seroquel (an antipsychotic) 25 milligrams (mg) ½ tablet at bedtime. Review of the Care Area Assessments (CAAs), dated 07/17/12, identified the physician's initial order for Seroquel occurred 11/03/2011. During an interview on 02/06/13, at 5:25 p.m., an administrative nursing staff member (#5) stated the last AIMS completed for Resident #10 was in June 2011. - Review of Resident #11's medical record occurred on February 06-07, 2013. Diagnoses included GERD and current medications included Reglan 5 mg orally three times per day. Review of the Care Area Assessments (CAAs), dated 11/10/12, identified the physician's order for Reglan occurred on the resident's admission to the facility in November of 2009. During an interview on 02/07/13, at 10:40 a.m., an administrative nursing staff member (#5) confirmed that she expects an AIMS to be completed for residents taking Reglan. At 11:15 a.m., this same nurse stated the last AIMS completed for Resident #11 was in November of	F 329		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 329	Continued From page 6 2009. This nurse confirmed that AIMS screenings are completed twice yearly in the months of April and October, but for Resident #10 and #11 this did not occur.	F 329		
F 363 SS=D	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility's menus and diet sheets, and staff interview, the facility failed to meet the nutritional needs of residents by using incorrect utensil sizes during 2 of 2 tray line observations (evening meal on 02/05/13 and noon meal on 02/06/13) in 2 of 4 dining rooms where food is served from a tray line (Prairie - Alzheimer's Unit and Unit A). Failure to follow recommended portion sizes as per menu and diet sheets has the potential for residents in these units to experience weight loss. Findings include: - Observation of tray line in the Prairie dining room occurred on 02/05/13 during the evening meal and showed the following inconsistencies between the portion size served and the menu: *Mashed potatoes served with a #12 scoop (1/3 cup), the menu indicated 1/2 cup. *California Blend vegetables served with a 2	F 363	The Contracted Dietitian and Dietary Manager placed the correct copy of Becky Dorner serving utensils issued 2/11/13 printed and put in all menu Folders on each kitchen area. The Dietary Manager purchased 6 #8 Scoops ½ cup serving size on 2/14/13 For each kitchen to have on hand Three ½ cup scoops available for Proper servings. One #8 scoop for Potatoes, another #8 scoop for Vegetables and a third # 8 scoop For fruits. The Dietary manager Will have an inventory check every quarter to assure the proper scoops are available for one year. The Dietitian will do an in service on 3/12/13 on proper serving sizes used for proper protion. A QA will be completed by the dietary manager quarterly for one year to assure the proper portion is given with the proper size scoops. An annual in service will be given By the Dietitian on proper portion Sizes for one year attendance will be taken. QA once a month for 3 months	3/13/13

& then quarterly for 1 year beginning prior to 3/13/13. Per Ella G Gutzke, adm per T.C. 3/12/13 at 10 AM. DL

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F 363	Continued From page 7 ounce (oz) serrated scoop (1/4 cup), the menu indicated 1/2 cup. *Fruit cocktail (substituted for peaches) served with a 2 oz scoop (1/4 cup), the menu indicated 1/2 cup. During an interview in the Prairie dining room on 02/06/13 at 10:40 p.m., a dietary staff member (#1) stated she always uses the "green" #12 scoop (1/3 cup) for serving mashed potatoes and the 2 oz scoop (1/4 cup) for fruits and vegetables. - Observation of tray line in Unit A's dining room occurred on 02/06/13 during the noon meal and showed the following inconsistencies between the portion size served and the menu: *Mashed potatoes (substituted for baked potato in pureed diet) served with a green #12 scoop (1/3 cup), the menu indicated a 1/2 cup. During an interview on 02/06/13 at 12:07 p.m., a dietician (#2) stated a serving of mashed potatoes should be 1/2 cup.	F 363		