STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355110	A. BUILDING _____ B. WING _____	03/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELM CREST MANOR	100 ELM AVE NEW SALEM, ND 58563

(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 For the MDS 3.0/Staffing Focused Survey started on 03/16/16 and completed on 03/17/16, the sample included 10 residents for focused review.	F 000		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.	F 356		3/28/16

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

Electronically Signed | 03/28/2016

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 356	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and review of facility policy, the facility failed to post accurate nurse staffing data on 2 of 2 days of survey (March 16-17, 2016). Failure to post accurate nurse staffing data denied residents and visitors the opportunity to be informed regarding the staffing levels. Findings include: Review of the facility policy titled, "Staffing Requirement Posting" occurred on March 17, 2016. This undated policy, stated, "1. Daily posting will be done at the beginning of each shift. . . . 4. The white board must also be completed along with the paper posting sheets. This is due to the posting needing to be accessible to the residents and visitors. . . ." During the initial staffing tour on 03/16/16 at 8:36 a.m., observation showed two registered nurses (RNs) working 6:00 a.m. to 3:00 p.m. Review of the daily nurse staffing information posted on the whiteboard showed one RN working 5:00 a.m. to 2:00 p.m. and one RN working 6:00 a.m. to 3:00 p.m. During the afternoon staffing tour on 03/16/16 at 1:40 p.m., observation showed six certified nursing assistants (CNAs) working 12:30 p.m. to 8:30 p.m., one CNA working 12:00 p.m. to 8:00 p.m., and one CNA working 3:30 p.m. to 8:30 p.m. Review of the daily nurse staffing information posted on the whiteboard showed seven CNAs working 12:30 p.m. to 8:30 p.m. and	F 356	1. DON reviewed and updated Staffing Requirement Posting Policy on March 23, 2016. 2. The posting report does not directly affect the residents. 3. DON reviewed Staffing Requirement Posting Policy and reviewed facility shift change schedule. Revisions to the Staff Posting Policy were completed on March 23, 2016. The revised policy was presented for review and signature to the nurses along with the times to update the posting and which nurse will be responsible. The sample times may change as needed if there are changes in the start time of nurse or CNA shifts. 4. Monitoring of the Daily Posting Report and Posting Board will be completed by the DON or designee on a daily basis x5 days; then weekly x4 weeks; then monthly x4 months and quarterly x2. Findings will be reviewed at the Monthly Interdisciplinary QA meetings.	

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F 356	Continued From page 2 one CNA working 12:00 p.m. to 8:00 p.m. Observation on 03/16/16 showed the daily nurse staffing information for the p.m. shift posted on the whiteboard at approximately 3:15 p.m. (approximately 2 hours and 45 minutes after the CNA shift started). Observation on 03/17/16 showed the daily nurse staffing information for the p.m. shift posted on the whiteboard at approximately 3:38 p.m. (approximately 3 hours after the CNA shift started). Facility staff failed to post accurate and timely staffing information.	F 356		