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 _____	09/06/2018

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 The standard Medicare/Medicaid recertification survey started on 09/04/18 and concluded on 09/06/18.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide respiratory care consistent with physician's orders for 1 of 1 sampled resident receiving oxygen (Resident #25). Failure to ensure oxygen is administered as ordered may complicate a resident's respiratory status. Findings: Review of the facility policy titled "OXYGEN THERAPY-----MASK AND NASAL CANNULA" occurred on 09/06/18. This policy, revised June 2012, stated, ". . . turn on oxygen source to the prescribed flow. . . ." An observation on 09/04/18 at 11:48 a.m. showed Resident #25 seated in his wheelchair in the dining room and receiving oxygen via nasal cannula. Observation showed the portable	F 695	1. Upon notification of inaccurate oxygen administration for resident #25 nursing staff assessed the resident and immediately provided the adequate liters of oxygen placed. re-education of the CNA's in regards to providing proper supplemental oxygen as well as re-education to the nurses to assess if supplemental oxygen is correctly dosed was completed on 9/20/2018. Review of the Oxygen Policy was completed with the Nurses and CNA's. A second re-education and review of the Oxygen Policy will be completed at the next CNA meeting on 10/2/2018. 2. All residents who receive supplemental oxygen are effected. 3. Resident #25 is being administered oxygen per physician orders as well as all residents with orders for supplemental	10/2/18

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

Electronically Signed | 09/21/2018

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F 695	Continued From page 1 oxygen tank set at 2 liters per minute (lpm). An observation on 09/04/18 at 3:01 p.m. showed two certified nursing assistants (CNAs) (#2 and #3) transferred Resident #25 to his wheelchair and set his portable oxygen tank at 2 lpm. An observation on 09/05/18 at 9:47 a.m. showed two CNAs (#4 and #5) transferred Resident #25 to his wheelchair and set his portable oxygen tank at 2 lpm. The CNA (#4) stated the kardex is used to determine a resident's oxygen settings, and the kardex identified Resident #25 received oxygen at two lpm. Review of Resident #25's medical record occurred all days of survey. Current physician's orders included continuous oxygen at 3 lpm. The current kardex stated, ". . . SPECIAL INSTRUCTIONS . . . Oxygen at 3 liters per nasal cannula continuously. . . ." The current care plan stated, ". . . Other Special Instructions: Oxygen at 3 liters per nasal cannula continuously. . . ." The current physician's orders, kardex, and care plan all stated Resident #25 is to receive oxygen at 3 lpm. During an interview on 09/06/18 at 1:35 p.m., an administrative nurse (#1) stated she expected CNAs to utilize the kardex to determine oxygen delivery for a resident.	F 695	oxygen. 4. Monitoring of oxygen administration via nasal cannula for resident #25 and all residents receiving oxygen will be completed by DON or Designee daily x 5 days , then weekly for 4 weeks and then monthly. 5. Review of residents' documentation and correct metering of oxygen monitoring will be done monthly at the Quality Assurance Interdisciplinary meeting.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		10/4/18

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F 812	Continued From page 2 approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and staff interview, the facility failed to ensure the correct concentration of sanitizer solution in 1 of 1 kitchen. Failure to correctly prepare sanitizing solutions in a three compartment sink and a sanitizer bucket according to the facility's policy may result in a sanitizer concentration that is either too weak to sanitize kitchen surfaces or too strong, which may be unsafe or toxic. Findings include: Review of the facility policy, "SANITIZER IN TRIPLE SINK" occurred on 09/06/18. This undated policy, stated, ". . . The sink should be no less than 200 ppm's or more than 400 ppm's. . . . Sanitizer solution should be changed every 2 hours. Staff is to write ppm's on triple sink sanitizer. . . . Dietary manager will check chart to ensure this is being completed. Dietary manager	F 812	1. VSS, the company who hooks up the sanitizing chemicals in the triple sink, was contacted immediately for their technician to come to the building to assess why the correct amount of sanitization was not in the triple sink. The technician came to the building both on 9/19/2018 and 9/20/2018 and determined the hose connecting the sanitizer to the trip sink was inadequate and this was replaced. Since then the sanitizer has been checked at proper levels. Dietician updated the Sanitizer in Triple Dink Policy. Dietary Staff are to review the Sanitizer policy and sign off. Dietary Staff have been educated daily by the Dietician regarding how to properly check the sanitization levels of both the triple sink and sanitizing buckets. More re-education will also be provided to the dietary staff on 10/4/2018 at the next	

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F 812	Continued From page 3 will follow-up with staff who have not completed chart to ensure the procedure is followed." A tour of the kitchen occurred on 09/05/18 at 4:20 p.m. with a supervisory dietary staff member (#6). Observation showed a filled three compartment sink which utilized an automatic sanitizer dispenser. Upon request, the staff member (#6) checked the sanitizing concentration in the three compartment sink with a result of 100 ppm. The staff member stated the solution should be between 200 and 400 ppms. Review of the sanitizer log showed the facility staff failed to document the concentration in accordance to facility policy every two hours (1:00 p.m. and 3:00 p.m.) on 09/05/18. Another dietary staff member emptied and refilled the sink and re-tested the solution, with a result of 300 ppm. A return tour of the kitchen occurred on 09/05/18 at 4:50 p.m. Observation showed a supervisory staff member (#6) tested the concentration of a bucket of sanitizing solution with a result of 100 ppm. The staff member (#6) stated the solution needed to be changed to meet the 200-400 ppm requirement. Facility staff failed to ensure the sanitizer measured between 200 and 400 ppms, change the sanitizer every two hours, and document the ppms result.	F 812	in-service. 2. All residents are effected by this deficiency as all eat in the dining room. 3. Triple Sink is now fixed with new hoses. New test strips were also ordered and have arrived to use so that accurate reading of the sanitization level occurs. Dietary Staff are to check levels on both the triple sink and sanitizer buckets daily at 5:00 AM-7:00 AM-9:00 AM-11:00 AM-1:00 PM- 3:00 PM- 5:00 PM. 4. Dietician has instructed staff that for 1 week before the triple sink or sanitizer buckets are refilled and forms signed off they must show the dietician the test strip for accuracy 4 out of the 7 times daily that it needs to be done. Then Dietician will monitor the forms daily for 1 week, then weekly for 4 weeks and then monthly. New forms were created to start using as of 9/21/2018 for the staff to initial their names by the PPM. 5. The monitoring will be reviewed monthly at the Quality Assurance Interdisciplinary team meeting.	