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 _____	09/25/2019

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

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F 000	INITIAL COMMENTS The Standard Medicare/Medicaid recertification survey started 09/23/19 and concluded 09/25/19.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State	F 583		10/22/19

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

Electronically Signed | 10/10/2019

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 583	Continued From page 1 law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to promote privacy and confidentiality of the medication administration records (MARs) on 1 of 3 days of survey. Failure to promote resident privacy may result in unauthorized viewing of resident records by other residents, visitors, or unlicensed staff. Findings include: Observation on 9/24/19 from 11:38 a.m. to 11:59 a.m. showed the nurse (#2) left a medication cart unattended and the MAR open to resident information while she/he administered medications to residents. Observation on 9/24/19 at 4:21 p.m. showed the nurse (#3) left a medication cart unattended and the MAR open to resident information while she/he administered medication to a resident. Observation on 9/24/19 at 4:24 p.m. showed the nurse (#4) left a medication cart unattended and the MAR open to resident information while she/he administered medication to a resident. During an interview on the afternoon of 9/25/19, an administrative nurse (#1) confirmed she would expect staff to lock computer screens when unattended.	F 583	1. Re-education of the nurses on proper medication pass protocol including cart locking, EMAR privacy and review of the Administration of Medication Policy was completed via written policy review and will be discussed at the Nurse meeting on October 22, 2019. See Administration Medication Policy and signature sheet F583-A and Nurse Meeting Agenda F583-B. 2. All residents are affected. 3. A nurse skills assessment in regards to proper medication administration will be completed for each nurse by October 22, 2019. Proper medication administration and privacy will be assessed by DON or Designee. 4. Medication administration monitor will be completed by DON or Designee on a daily basis at alternating medication passes for 5 days, then on a weekly basis for 4 weeks then monthly. All finding will be discussed at the monthly interdisciplinary QA meetings. See QA monitor F583-C.	
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 -	F 812		10/18/19

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F 812	Continued From page 2 §483.60(i)(1) - Procure food from sources 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, review of manufacturer's labeling, and staff interview, the facility failed to store and serve food under sanitary conditions in 2 of 2 food storage refrigerators (main kitchen and nurse station nourishment area). Failure to label food to identify the expiration date and discard expired food has the potential to result in foodborne illness to residents, staff, and visitors. Findings include: Review of the facility's policy titled "Date Marking for Food Safety" occurred on 09/25/19. This policy, dated 07/10/19, stated, "The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food. . . . Refrigerated, ready-to-eat,	F 812	1. The outdated and non labeled items were removed from the nourishment center and kitchen fridges promptly. 2. No residents were affected. 3. A new policy was created for monitoring of the nourishment center fridge and was reviewed by the bakers. See Nursing Nourishment Fridge Policy F812-A. Also, the policy for Date Marking for Food Safety was also reviewed by each dietary employee. See Marking for Food Safety Policy F812-B. On October 17, 2019 a Dietary Staff meeting will be held where both policies will be reviewed again. See Meeting Agenda F812-C. 4. Both Fridges will be monitored at minimum 2x/week for the first 3 months and then 1x/week for the following 3	

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F 812	Continued From page 3 time/temperature control for safety food (i.e. perishable food) shall be held at a temperature of 41 degrees or less for a maximum of 7 days. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. . . . The discard day or date may not exceed the manufacturer's use-by date, or four days whichever is earliest. The date of opening or preparation counts as day 1 [one]. . . . The Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly. . . ." Manufacturer's labeling for all the thickened juice drinks and water stated, "Use in seven days" and "Do Not Freeze." A dietary tour occurred on 09/23/19 at 8:30 a.m. with a dietary staff member (#5). Observation in the main kitchen storage refrigerator showed an half-gallon container of skim milk with an open date of 09/10/19 and the manufacturer's use-by date of 09/15/19 six days beyond the open date and eight days beyond the use-by date. During an interview at the time of the tour, the dietary staff member (#5), agreed the container of milk was beyond the discard and use-by dates. During a dietary tour the afternoon of 09/25/19 a supervisory dietary staff member (#6) stated the nursing staff are responsible for monitoring the food storage refrigerator at the nurse's station. Observation of the food storage refrigerator at	F 812	months and finally monthly by the Dietician or Designee. See Monitor sheet F812-D. This QA monitoring will be reviewed monthly at the interdisciplinary meeting	

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F 812	Continued From page 4 the nurse station showed the following items opened and not labeled with a discard date: * One 46-ounce bottle of honey thickened water * One 46-ounce bottle of nectar thickened orange juice * One 46-ounce bottle of honey thickened orange juice * One 64-ounce bottle of clamato tomato cocktail juice, which contained a resident name. During an interview on 09/25/19 at 1:50 p.m. an administrative staff member (#1) stated dietary staff are responsible for dating the food items placed in the nurse station nourishment area. The facility failed to follow their policy related to date marking for food safety.	F 812		
F 868 SS=D	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i) §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; §483.75(g)(2) The quality assessment and assurance committee must: (i) Meet at least quarterly and as needed to identifying issues with respect to which quality assessment and assurance activities are necessary. This REQUIREMENT is not met as evidenced	F 868		10/31/19

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F 868	Continued From page 5 by: Based on review of the facility's Quality Assurance and Performance Improvement (QAPI) program and staff interview, the facility failed to ensure the Medical Director (physician) actively participated on the Quality Assurance (QA) committee for 2 of 4 quarters (January-March 2019 and July-September 2019). Failure to ensure the medical director participates in the facility's QA activities deprived the committee of the physician's unique contributions for analyzing and correcting problems with identified resident care areas. Findings include: Review of the facility QAPI program titled "Quality Assurance/Assessment and Performance Improvement Plan" occurred on 09/25/19. The plan, established 10/05/17, stated, ". . . The Quality Assessent and Assurance (QAA) Committee consists of the Director of Nursing, the Medical Director, the Administrator, the Infection Control and Prevention Officer and interdisciplinary team. . . . The QAA Committee meets monthly, and the Medical Director and Pharmacy Consultant participation [sic] at least quarterly to coordinate and evaluate the activities under the QAPI program. . . ." The facility provided documentation showing the QA committee met on a quarterly basis between October 2018 and September 2019. The documentation showed the Medical Director failed to attend meetings January-March 2019 and July-September 2019. During an interview on 09/25/19 at 12:54 p.m., a	F 868	1. DON contacted Medical Director to inform him of the deficiency and the importance of his attendance and participation at the Quarterly Quality Assurance Meetings. 2. N/A 3. Quarterly QA meetings will continue to be scheduled based on Medical Directors availability. If Medical Director is not at the Quarterly QA meeting then efforts will be made to have Medical Director participate via conference call or the meeting will be rescheduled within the same calendar month. 4. This will be monitored by the Administrator or DON.	

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F 868	Continued From page 6 managerial nurse (#7) confirmed the Medical Director failed to attend two of the four required quarterly QA committee meetings.	F 868		