| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355076 | A. BUILDING _____ B. WING _____ | 05/18/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORTHWOOD DEACONESS HEALTH CNT | 4 N PARK ST NORTHWOOD, ND 58267 |

| (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<br><br>The Standard Medicare/Medicaid recertification survey started on 05/15/22 and concluded on 05/18/22. | F 000 | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure proper respiratory care for 1 of 1 sampled resident (Resident #128) with orders for continuous oxygen (O2) therapy. Failure to provide oxygen as ordered may complicate the resident's respiratory status.<br><br>Findings included:<br><br>Review of the facility policy titled "Oxygen Administration" occurred on 05/19/22. This policy, revised 12/15/21, stated, ". . . 1. Oxygen is administrated under the orders of a provider . . . 4. The resident/patient care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders . . . "<br><br>Review of Resident #128's medical record occurred on all days of survey. Diagnoses | F 695 | To ensure all oxygen dependent residents at NDHC are receiving proper respiratory care: those residents with oxygen orders underwent a thorough review. We made sure the oxygen order in the resident chart matched the treatment administration record, matched the resident care plan, and matched the resident□s current oxygen flow meter setting as well. Education has been provided to the nursing staff and will be completed by June 16th, on the importance of proper respiratory care and the steps that can be taken to ensure care is being properly given.<br><br>To ensure that resident # 128 is receiving proper respiratory care, resident #128 oxygen order, treatment administration record, and care plan were reviewed and | 6/16/22 |

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

Electronically Signed | 06/02/2022

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| F 695 | Continued From page 1<br>included chronic obstructive pulmonary disease. Current physician's order identified continuous oxygen at two liters (2L)/minute via nasal canula at rest and 4L/minute with ambulation.<br><br>The baseline care plan stated, "Oxygen on continuous 3L at rest and 4-5L with ambulation." The Treatment and Administration Record (TAR) identified 2L at rest and 4L when ambulating.<br><br>Observations on 05/17/22 at 10:12 a.m. identified the oxygen concentrator in Resident #128's room set at 5L, at 11:45 a.m. in dining room O2 at 5L, and at 3:00 p.m. O2 at 3L in resident's room.<br><br>During an interview on 05/17/22 at 3:05 p.m. a nursing staff member (#2) confirmed the O2 should be 2-3L at rest and 4-5L when ambulating.<br><br>During an interview on 05/18/22 at 10:00 a.m. an administrative staff member (#1) confirmed staff should follow the provider orders and clarify orders if needed. | F 695 | updated, to reflect a clear and consistent treatment plan. Nursing staff were educated on this update and resident #128 is aware of this update as well. A nursing professional will monitor resident #128 on the day shift, evening shift, and night shift, for 3 consecutive dates, to ensure that this resident is receiving proper respiratory care, reflective of the oxygen order. We will then continue to monitor resident #128 weekly, for one month to ensure that this resident continues to receive proper respiratory care. QA will be monitored by a nursing professional and reported to the QAPI committee. A nursing professional will then continue to monitor, on a weekly basis for assurance that other residents are also receiving proper respiratory care. This QA will take place on 3 random oxygen dependent residents (if applicable), once monthly on the day shift, evening shift, and night shift, for one month, and then quarterly thereafter until compliance is determined, for a minimum of 6 months. This QA will involve making sure the selected resident□s oxygen order, treatment administration record, care plan, and the oxygen flow meter are all consistent. This QA data will be reported to the QAPI committee on a monthly basis. | |